

Original Application

(COPY)

Life Bridges, Inc

CN1706-019

Life Bridges, Inc.

P.O. Box 29, 764 Old Chattanooga Pike, SW, Cleveland, TN 37311

Diana Jackson, MSSW, LCSW

Chief Executive Officer

Email: DLJACKSON59@hotmail.com

Office: (423) 421-6436

JUN 9 '17 AM 9:51



Nationally Accredited Rehabilitation Center Since 1995

June 6, 2017

Melanie Hill, Executive Director
Health Services and Development Agency
502 Deadrick Street, 9th Floor
Nashville, TN 37243

Dear Ms. Hill:

Life Bridges is submitting an application to relocate Wright House, an existing ICF-IID home operated by our agency since 1995. The relocation is to move 6 people supported in the Wright house which has 4 bedrooms to another facility owned by the agency which has 10 bedrooms. This will give the residents much needed living space and more privacy. The project is economically feasible, and it will contribute to the orderly development and provision of health care for the residents.

The relocation does not change the licensed bed count, scope of services, home county, service area, accessibility, ownership, or management. For these reasons, we respectfully request that it be scheduled for consent calendar review.

The completed CON application is attached, including a check for the application fee. If you need to reach me you may call my cell number 423-421-6436 or Teresa Tuten, ICF Director/Project Manager, cell number 423-421-1608.

Thank you very much for your consideration.

Sincerely,

Diana Jackson
CEO/Life Bridges



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Life Bridges, Inc., Private Non-Profit ICF/IID
(Name of Applicant) (Facility Type-Existing)

owned by: Life Bridges, Inc. with an ownership type of Private Non-Profit Corporation

and to be managed by: Life Bridges, Inc. intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: _____

This proposal requests the relocation of a 6 licensed bed ICF/IID home from 2611 Bower Lane, Cleveland, TN to 4755 Frontage Road NW, Cleveland, TN. The estimated cost of the project is \$635,000.

The anticipated date of filing the application is: June 9, 20 17

The contact person for this project is Teresa Tuten ICF/IID Director
(Contact Name) (Title)

who may be reached at: Life Bridges, Inc. P.O. Box 29
(Company Name) (Address)

Cleveland TN 37364 423 / 421-1608
(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, TN 37243

www.tn.gov/hstda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Cleveland Daily Banner which is a newspaper
 of general circulation in Bradley, Tennessee, on or before June 9, 20 17,
 for one day.
 (Name of Newspaper) (County) (Month / day) (Year)

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Life Bridges, Inc. Private Non-Profit ICF/IID
 (Name of Applicant) (Facility Type-Existing)

owned by: Life Bridges, Inc. with an ownership type of Private Non-Profit Corporation
 and to be managed by: Life Bridges, Inc. intends to file an application for a Certificate of Need
 for [PROJECT DESCRIPTION BEGINS HERE]: _____

This proposal requests the relocation of a 6 licensed bed ICF/IID home from 2611 Bower Lane, Cleveland, TN to

4755 Frontage Road NW, Cleveland, TN. The estimated cost of the project is \$635,000

The anticipated date of filing the application is: June 9, 20 17

The contact person for this project is Teresa Tuten ICF/IID Director
 (Contact Name) (Title)

who may be reached at: Life Bridges, Inc. P.O. Box 29
 (Company Name) (Address)

Cleveland TN 37364 423 / 421-1608
 (City) (State) (Zip Code) (Area Code / Phone Number)

Teresa W. Tuten 6/6/17 teresatuten@lifebridgesonline.com
 (Signature) (Date) (E-mail Address)

The Letter of Intent must be **filed in triplicate and received between the first and the tenth day of the month.** If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

CERTIFICATE OF NEED APPLICATION

SECTION A: APPLICANT PROFILE

1. Name of Facility, Agency, or Institution

Life Bridges, Inc.
Name
4755 Frontage Road NW
Street or Route
Bradley
County
Cleveland
City
TN
State
37312
Zip Code
Website address:

*Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.*

2. Contact Person Available for Responses to Questions

Teresa W. Tuten
Name
Director of ICF/IID
Title
Life Bridges, Inc.
Company Name
teresatuten@lifebridgesonline.com
Email address
P.O. Box 29
Street or Route
Cleveland
City
TN
State
37364
Zip Code
Director of ICF/IID
Association with Owner
(423)421-1608
Phone Number
(423)478-7772
Fax Number

NOTE: **Section A** is intended to give the applicant an opportunity to describe the project. **Section B** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and Quality Measures.

Please answer all questions on 8½" X 11" white paper, clearly typed and spaced, single or double-sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment, i.e., Attachment A.1, A.2, etc. The last page of the application should be a completed signed and notarized affidavit.

3. SECTION A: EXECUTIVE SUMMARY

A. Overview

1)**Description** – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by applicant.

Wright House (2611 Bower Lane, Cleveland, TN 37311) is a four-bedroom ICF/IID home licensed as an institutional habilitation facility for six persons. It is owned and managed by Life Bridges, Inc. Summers House is a ten-bedroom home (4755 Frontage Road NW, Cleveland, TN 37312) that is also owned and managed by Life Bridges, Inc. This application is a request to relocate the six individuals from Wright House (2,400 square feet) to Summers House (5,335 square feet). This move provides a private bedroom for each person and increases the number of bathrooms from three to six. This request does not alter in any way the number of ICF/IID beds in the agency, county or state. It simply allows six people to live in a larger home that is much more suitable to their needs.

Summers House has, for many years, been licensed as a 12 bed residential habilitation facility. Ten of these beds have been used by individuals who were part of the HCBS waiver, with two additional beds being used for respite services. In 2016, the State began phasing out the large group homes. Individuals living at Summers House were provided with options ranging from Family-based services to supported living, and medical residential services depending on their level of need. They liked what they saw and experienced as these options were presented to them. Plans began for their transition. Currently, the State has changed course in regard to phasing out the funding for the large group homes, however, the individuals at Summers House want to invest their lives in the other options that were provided to them. They do not wish to stay at Summers House. Therefore, Life Bridges is continuing in its plan to facilitate moves for this population. The individuals leaving Summers House leaves the agency with the question of how best to repurpose the facility. The decision has been made to repurpose it by allowing the six individuals at Wright House (2611 Bower Lane, Cleveland, TN37311) who desire a larger home with their own bedrooms to relocate to the Summers House (4755 Frontage Road NW, Cleveland, TN 37312).

Wright house will then be re-purposed into a setting to provide some type of services within the Home and Community Base Services (HCBS) waiver. **Federal HCBS Waivers:** The 1915(c) waivers are one of many options available to states to allow the provision of long term care services in home and community based settings under the Medicaid Program. **Tennessee's Administration of the HCBS Waiver:** The Statewide Waiver (0128.R05) serves adults with intellectual disabilities and children under age six with developmental delays, who qualify for and, absent the provision of services provided under the Statewide Waiver, would require placement in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Statewide Waiver offers a continuum of services that are selected by each person supported pursuant to a person-centered planning process and support each person's independence and full integration into the community, including opportunities to seek employment and work in competitive integrated settings and engage in community life. Services are delivered in a manner which ensures each individual's right of privacy, dignity, respect and freedom from coercion and restraint; optimizes individual initiative, autonomy, and independence in making life choices;

and are delivered in a manner that comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered Individual Support Plan. These services include: adult dental services, behavioral respite services, behavior services, employment and day services, environmental accessibility modifications, family model residential support, individual transportation services, intensive behavior residential services, medical residential services, nursing services, nutrition services, occupational therapy services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, physical therapy services, residential habilitation, respite, semi independent living, specialized medical equipment & supplies & assistive technology, speech, language, and hearing services, supported living, support coordination, and transitional case management.

2) Ownership Structure

Summers House is owned by Bradley Cleveland Property Management which is managed by Life Bridges, Inc. Bradley Cleveland Property Management will supervise the renovation of the home to meet licensure requirements, ICF/IID requirements, and the needs of the individuals to be served in the home. Life Bridges, Inc. is applying for the Certificate of Need and will manage the property. The cost of the project will be in the renovation process and the move from one location to the other. The value of the home is included in the project cost though it is already owned by Life Bridges, Inc. This move will not affect the per diem rates for the individuals served at Wright House.

Life Bridges provides a comprehensive range of habilitation services for adults with intellectual disabilities. Life Bridges is committed to providing exceptional services to the individuals served, their families, and community to promote independence, respect, and trust while meeting its social and financial responsibilities. Life Bridges believes all people have the right to live, work, and socialize in their community. Abilities are a primary focus rather than disabilities. Life Bridges believes persons served should have the freedom to function in an open, non-restrictive environment consistent with the rights of other people their age. These beliefs are the impetus for promoting opportunities for all people to choose where they live, work and with whom they develop relationships.

Life Bridges believes the provision of quality services is strengthened by a commitment to integrity. Services are based upon a strong commitment to ethical behavior, quality services and supports, innovation, teamwork, and compassion. These core values provide the impetus that results in changed lives and quality of life for each individual served by Life Bridges.

Life Bridges' services include residential services, personal assistance services, day services, supported employment services, medical services, therapies, social services, respite services, and Intermediate Care Facility Services (ICF/IID). Residential and respite services are provided through homes throughout Bradley County. Day Services, pre-vocational services, and supported employment services are provided through the main center. Therapy services include physical therapy, speech therapy, occupational therapy, behavioral therapy, and nutritional therapy. The medical clinic hosts two physicians, a physician's assistant, and a nurse practitioner along with a staff of nurses and provides primary care physician services for individuals who choose that service. The ICF/IID serves twenty individuals in four homes located throughout the county.

The following is a list of the facilities operated by Life Bridges, Inc.

Main Office 764 Old Chattanooga Pike, Cleveland TN 37311
Hunt Opportunity Ctr. 764 Old Chattanooga Pike, Cleveland TN 37311
Residential-Annex Building 764 Old Chattanooga Pike, Cleveland TN 37311
4755 Frontage Road, Cleveland TN 37312
1100 Blythe Ferry Road, Cleveland TN 37312
3745 Adkisson Drive, Cleveland TN 37312
3004 Pleasant Grove Road, Cleveland TN 37311
2420 Hensley Road, Cleveland TN 37312
2601 Bower Lane, Cleveland TN 37311
2611 Bower Lane, Cleveland TN 37311
110 Country Club Drive, Cleveland TN 37311
131 Crossing Place, Cleveland TN 37323
2021 Glenwood Drive, Cleveland TN 37311
207 Kile Lake Road, Cleveland TN 37323
209 Kile Lake Road, Cleveland TN 37323
415 Mohawk Drive NW, Cleveland TN 37312
713 Old Chattanooga Pike, Cleveland TN 37311
729 Old Chattanooga Pike, Cleveland TN 37311
737 Old Chattanooga Pike, Cleveland TN 37311
3510 Pinecrest Avneue, Cleveland TN 37311
168 Savannah Ridge Trail, Cleveland TN 37323
2311 Wolfe Drive, Cleveland TN 37311
5101 Bradley Street, Cleveland TN 37312
4001 Dalton Pike, Apt. A, Cleveland TN 37311
4011 Dalton Pike, Apt. D, Cleveland TN 37323
4015 Dalton Pike, Apt. F, Cleveland TN 37323
2630 Lynda Circle, Cleveland TN 37323
3924 Morningside Drive, Cleveland TN 37312
3934 Morningside Drive, Cleveland TN 37312
3944 Morningside Drive, Cleveland TN 37312
3954 Morningside Drive, Cleveland TN 37312
3964 Morningside Drive, Cleveland TN 37312
3984 Morningside Drive, Cleveland TN 37312
690 Old Chattanooga Pike, Cleveland TN 37311
3915 Pryor Road, Cleveland TN 37312
3935 Pryor Road, Cleveland TN 37312
3955 Pryor Road, Cleveland TN 37312
3965 Pryor Road, Cleveland TN 37312
3975 Pryor Road, Cleveland TN 37312
3985 Pryor Road, Cleveland TN 37312
2800 Rogers Drive, Cleveland TN 37323
2206 Southfork Road, Cleveland TN 37323
3370 Waterlevel Hwy, Cleveland TN 37323

See Attachments: Section A-4A Corporate Charter/Active Status Documentation, p. 59-64

3) Service Area

The intended service area of this home will be Bradley County and the surrounding counties in Tennessee, specifically Hamilton, McMinn, Meigs, Monroe, Polk, and Rhea.

See Attachment: Section B- Need C, County Level Map, p. 74

4) Existing similar service providers

Orange Grove and Open Arms also provide ICF/IID services in the service area. This project does not affect them in any way nor is there any crossover in services since this proposal seeks to relocate six established ICF/IID beds rather than add beds.

5) Project Cost

The estimated total project cost is \$635,000. This includes the value of the house which Life Bridges owns. The real cost of the project is limited to the renovation and CON filing fee or \$145,000.

6) Funding

Life Bridges will fund the project from the cash operating account.

7) Financial Feasibility including when the proposal will realize a positive financial margin

The financial feasibility of this project is excellent. It is expected to realize a positive financial margin upon opening.

8) Staffing

The staffing needs of the individuals who wish to relocate to Summers House are determined by the Interdisciplinary Team (IDT) and are outlined in both CMS guidelines and the comprehensive care plan developed by the Qualified Intellectual Disability Professionals. The relocation will not change the staffing needs of the home. Thus there would be no additional staffing expense. Staffing will continue to meet CMS, CARF, and licensure expectations. Following the relocation, the six individuals served at Wright House will have the same staff ratio and the same staff members. There will be no staff changes at all based on the move.

B. Rationale for Approval

A certificate of need can only be granted when a project is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need

The six individuals who live at Wright House need the privacy provided by having their own bedroom. They need space to retreat to during waking hours to a quiet, personal space, a quiet retreat for sleep while others are noisy or have needs that require activity in the bedroom during the night. Their behavioral needs would be more effectively met in a home with space to retreat to when they feel anxious and/or agitated. Summers House will provide both communal living spaces and the privacy of a bedroom for those moments. Behavioral and privacy/dignity issues often stem from having to wait on the restroom as six individuals currently share two restrooms. Summers House has five bathrooms. Increased personal space in the home and increased communal spaces provide more opportunities for active treatment in household responsibilities. The nurses have limited space for medications and preparation, and administration at Wright House. Summers House provides ample space for medication storage, preparation, and administration.

See attachment: Section A- B-1, Photos of Wright House bedroom, p. 58

2. Economic Feasibility

The economic feasibility of the project is excellent. The application requires that the value of the property be included, however, Bradley Cleveland Property Management (owned and operated by Life Bridges, Inc.) already owns Summers House thus limiting the real cost of the move to renovation and moving expenses.

3) Appropriate Quality Standards Life Bridges is knowledgeable regarding all applicable licensure requirements. The agency is in compliance with these requirements as noted through current licenses and surveys. Both the requirements and levels of compliance are reviewed routinely through the agency's quality assurance functions. This relocation will only increase adherence to quality standards.

4) Orderly Development of Adequate and Effective Health Care

Access to health care will not change as a result of the proposal. The individuals served by the proposal will continue their current use of healthcare resources. Each individual receives nursing services 24/7 in their home. The proposal will assist mightily in the delivery of this service as the nurses currently function from a small med closet. The new location will have more space for medication storage, preparation, and administration. The private rooms and larger living spaces will decrease self-injurious behaviors, anxiety and stress. This decrease will lead to medical interventions needed, therefore decreasing medical expenses. It may also result in the decreased need for medications which will reduce health care cost.

The project is regulated by multiple entities that require quality health care providers. Life Bridges will continue to meet the standards set forth by CMS, CARF, and Licensure, as well as, individual health boards for all clinicians. These standards include training and continuing education expectations.

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C. Consent Calendar Justification

If Consent Calendar is requested, please provide the rationale for an expedited review.

A request for consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

The Consent Calendar has been requested.

The relocation proposal is to move 6 individuals supported in a four bedroom home (2400 Square feet) at 2611 Bower Lane, Cleveland, TN 37311 to a ten bedroom home (5335 square feet) home at 4755 Frontage Rd NW, Cleveland, TN 37312. Each of these homes is owned and operated by Life Bridges, Inc. The proposal will provide the residents with much needed living space and more privacy and dignity. The number of ICF/IID beds will not change. The additional bedrooms in the larger home will be used for activity space, therapy needs, and storage. The project is economically feasible, and it will contribute to the orderly development and provision of health care for the residents.

The relocation proposal does not change the licensed bed count, scope of services, Home County, service area, accessibility, ownership, or management.

4. **SECTION A: PROJECT DETAILS****Owner of the Facility, Agency or Institution**

A. Life Bridges, Inc.		423-472-5268
Name		Phone Number
764 Old Chattanooga Pike		Bradley
Street or Route		County
Cleveland	TN	37311
City	State	Zip Code

B. Type of Ownership of Control (Check One)

A. Sole Proprietorship	_____	F. Government (State of TN or Political Subdivision)	_____
B. Partnership	_____	G. Joint Venture	_____
C. Limited Partnership	_____	H. Limited Liability Company	_____
D. Corporation (For Profit)	_____	I. Other (Specify) _____	X
E. Corporation (Not-for-Profit)	_____	Non-profit	_____

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's web-site at <https://tnbear.in.gov/ECommerce/FilingSearch.aspx>. **Attachment Section A-4A.**

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

5. Name of Management/Operating Entity (If Applicable)

Not applicable		
Name		
Not applicable		
Street or Route		
Not applicable	N/A	Not applicable
City	State	County
Website address: Not applicable		Zip Code

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. Attachment Section A-5.

6A. Legal Interest in the Site of the Institution (Check One)

- | | | | |
|---------------------------------|---------------|--------------------|---------------|
| A. Ownership | <u> X </u> | D. Option to Lease | <u> </u> |
| B. Option to Purchase | <u> </u> | E. Other (Specify) | <u> </u> |
| C. Lease of <u> </u> Years | <u> </u> | | |

Check appropriate line above: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements **must include** anticipated purchase price. Lease/Option to Lease Agreements **must include** the actual/anticipated term of the agreement **and** actual/anticipated lease expense. The legal interests described herein **must be valid** on the date of the Agency's consideration of the certificate of need application.

6B. Attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. DO NOT SUBMIT BLUEPRINTS. Simple line drawings should be submitted and need not be drawn to scale.

- 1) Plot Plan **must** include:
 - a. Size of site (*in acres*);
 - b. Location of structure on the site;
 - c. Location of the proposed construction/renovation; and
 - d. Names of streets, roads or highway that cross or border the site.
- 2) Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 1/2 by 11 sheet of paper or as many as necessary to illustrate the floor plan.
- 3) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

Attachment Section A-6A, 6B-1 a-d, 6B-2, 6B-3.

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4. SECTION A: PROJECT DETAILS

B. Type of Ownership of Control

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

Life Bridges, Inc. is a non-profit organization governed by a Board of Directors. Summers House (4755 Frontage Road, Cleveland, TN) is owned by Bradley Cleveland Property Management which is managed by Life Bridges, Inc. Bradley Cleveland Property Management will supervise the renovation of the home to meet licensure requirements, ICF/IID requirements, and the needs of the individuals to be served in the home. Life Bridges, Inc. is applying for the Certificate of Need and will manage the property. The cost of the project will be in the renovation process and the move from one location to the other. The value of the home is included in the project cost though it is already owned by Life Bridges, Inc. This move will not affect the Per Diem Rates for the individuals served at Wright House (2611 Bower Lane, Cleveland, TN 37311)

Bradley Cleveland Property Management is an entity of Life Bridges, Inc. (formerly Bradley/Cleveland Services, Inc.). Bradley Cleveland Property Management and Life Bridges, Inc. each have a federal tax id number. Please find attached the Department of State Articles of Amendment to the Charter (Nonprofit) documenting the name change from Care and Growth Home, Inc. to Bradley/Cleveland Property Development and Management, Inc., Bradley/Cleveland Services, Inc./Care and Growth Home, Inc. Board Resolution/Amendment to the Articles of Incorporation demonstrating the relationship between Bradley/Cleveland Services, Inc. (currently Life Bridges, Inc.) and Bradley/Cleveland Property Development and Management, Inc., and the deed to Lockhart House.

Life Bridges' Maintenance Department provides oversight of all property maintenance and repair.

See attachments: Section A-4A, Corporate Charter/Active Status, p. 59-64

6.B

Attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. DO NOT SUBMIT BLUEPRINTS. Simple line drawings should be submitted and need not be drawn to scale.

1) Plot Plan must include:

a. Size of site (in acres);

b. Location of structure on the site;

c. Location of the proposed construction/renovation; and

d. Names of streets, roads or highway that cross or border the site.

2) Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 ½ by 11 sheet of paper or as many as necessary to illustrate the floor plan.

3) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

CUAT is the public transportation in Bradley County. The route travels within .4 miles of Summers House. The routes are attached. The home is located 0.7 miles from the nearest exit on I-75. It is 0.6 miles from Paul Huff Parkway. Paul Huff Parkway is a five lane street which has a multitude of restaurants and shopping centers which include Target, Wal-Mart, and the Bradley Square Mall. While CUAT is an option at any time, Life Bridges provides transportation for the individuals as part of their ICF/IID services.

The distance between Summers House and Wright House is nine (9) miles. The distance from Summers House to the nearest similar home is .8 miles with that home being Cate House (3745 Adkisson Dr., Cleveland, TN 37312).

See attachments: Section A-6A Summers House Deed, p. 65-66

6B-1 a-d Plot Plan, p. 67

6B-2 Floor Plan, p. 68

6B-3 Public Transportation, p. 69-73

Attachment Section A-6A, 6B-1 a-d, 6B-2, 6B-3.

7. **Type of Institution** (Check as appropriate--more than one response may apply)

- | | |
|--|--|
| A. Hospital (Specify) _____ | H. Nursing Home _____ |
| B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____ | I. Outpatient Diagnostic Center _____ |
| C. ASTC, Single Specialty _____ | J. Rehabilitation Facility _____ |
| D. Home Health Agency _____ | K. Residential Hospice _____ |
| E. Hospice _____ | L. Nonresidential Substitution-Based Treatment Center for Opiate Addiction _____ |
| F. Mental Health Hospital _____ | M. Other (Specify) _____ |
| G. Intellectual Disability Institutional Habilitation Facility ICF/IID _____ | |

Check appropriate lines(s).

8. **Purpose of Review** (Check appropriate lines(s) – more than one response may apply)

- | | |
|--|--|
| A. New Institution _____ | F. Change in Bed Complement _____ |
| B. Modifying an ASTC with limitation still required per CON _____ | <i>[Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]</i> |
| C. Addition of MRI Unit _____ | G. Satellite Emergency Dept. _____ |
| D. Pediatric MRI _____ | H. Change of Location _____ |
| E. Initiation of Health Care Service as defined in T.C.A. §68-11-1607(4) _____ | I. Other (Specify) _____ |
| (Specify) _____ | |

9. **Medicaid/TennCare, Medicare Participation**

MCO Contracts [Check all that apply]

___ AmeriGroup ___ United Healthcare Community Plan ___ BlueCare ___ TennCare Select

Medicare Provider Number 3722363 _____

Medicaid Provider Number 3722363 _____

Certification Type Group Practice _____

If a new facility, will certification be sought for Medicare and/or Medicaid/TennCare?

Medicare ___ Yes ___ No X N/A Medicaid/TennCare ___ Yes ___ No X N/A

10. Bed Complement Data

A. Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Licensed</u>	<u>Beds Staffed</u>	<u>Beds Proposed</u>	<u>*Beds Approved</u>	<u>**Beds Exempted</u>	<u>TOTAL Beds at Completion</u>
1) Medical						
2) Surgical						
3) ICU/CCU						
4) Obstetrical						
5) NICU						
6) Pediatric						
7) Adult Psychiatric						
8) Geriatric Psychiatric						
9) Child/Adolescent Psychiatric						
10) Rehabilitation						
11) Adult Chemical Dependency						
12) Child/Adolescent Chemical Dependency						
13) Long-Term Care Hospital						
14) Swing Beds						
15) Nursing Home – SNF (Medicare only)						
16) Nursing Home – NF (Medicaid only)						
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)						
18) Nursing Home – Licensed (non-certified)						
19) ICF/IID	6	6	0	0	0	6
20) Residential Hospice						
TOTAL	6	6	0	0	0	6

*Beds approved but not yet in service

**Beds exempted under 10% per 3 year provision

B. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the applicant facility's existing services. **Attachment Section A-10.**

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete chart below.

<u>CON Number(s)</u>	<u>CON Expiration Date</u>	<u>Total Licensed Beds Approved</u>

11. **Home Health Care Organizations – Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:**

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McMinn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McNairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheatham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crockett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decatur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dickson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gibson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grainger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequatchie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grundy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamblen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hancock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardeman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sumner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trousdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unicoi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humphreys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Williamson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

12. Square Footage and Cost Per Square Footage Chart

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage						
					Renovated	New	Total				
Frontage	4755 Frontage RD	5335	N/A	N/A	5335	-----	\$130,000				
Unit/Department GSF Sub-Total											
Other GSF Total											
Total GSF											
*Total Cost					\$130,000	-----	\$130,000				
**Cost Per Square Foot					\$24.36		\$24.36				
Cost per Square Foot Is Within Which Range (For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda)					<input type="checkbox"/> Below 1 st Quartile	<input type="checkbox"/> Below 1 st Quartile	<input type="checkbox"/> Below 1 st Quartile				
					<input type="checkbox"/> Between 1 st and 2 nd Quartile	<input type="checkbox"/> Between 1 st and 2 nd Quartile	<input type="checkbox"/> Between 1 st and 2 nd Quartile				
					<input type="checkbox"/> Between 2 nd and 3 rd Quartile	<input type="checkbox"/> Between 2 nd and 3 rd Quartile	<input type="checkbox"/> Between 2 nd and 3 rd Quartile				
					<input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Above 3 rd Quartile				

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator

- Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or
- Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following:

A. Complete the chart below for acquired equipment.

not applicable	<input type="checkbox"/> Linear Accelerator	Mev _____	Types:	<input type="checkbox"/> SRS	<input type="checkbox"/> IMRT	<input type="checkbox"/> IGRT	<input type="checkbox"/> Other _____
		Total Cost*: _____		<input type="checkbox"/> By Purchase	<input type="checkbox"/> By Lease Expected Useful Life (yrs) _____		
	<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	<input type="checkbox"/> If not new, how old? (yrs) _____				
not applicable	<input type="checkbox"/> MRI	Tesla: _____	Magnet:	<input type="checkbox"/> Breast	<input type="checkbox"/> Extremity		
				<input type="checkbox"/> Open	<input type="checkbox"/> Short Bore	<input type="checkbox"/> Other _____	
		Total Cost*: _____		<input type="checkbox"/> By Purchase	<input type="checkbox"/> By Lease Expected Useful Life (yrs) _____		
not applicable	<input type="checkbox"/> PET	<input type="checkbox"/> PET only	<input type="checkbox"/> PET/CT	<input type="checkbox"/> PET/MRI			
				<input type="checkbox"/> By Purchase	<input type="checkbox"/> By Lease Expected Useful Life (yrs) _____		
	<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	<input type="checkbox"/> If not new, how old? (yrs) _____				

* As defined by Agency Rule 0720-9-.01(13)

- In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment.
- Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart.
- Schedule of Operations:

Location	Days of Operation (Sunday through Saturday)	Hours of Operation (example: 8 am – 3 pm)
Fixed Site (Applicant)	_____	_____
Mobile Locations (Applicant)	_____	_____
(Name of Other Location)	_____	_____
(Name of Other Location)	_____	_____

- Identify the clinical applications to be provided that apply to the project.
- If the equipment has been approved by the FDA within the last five years provide documentation of the same.

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. **If a question does not apply to your project, indicate "Not Applicable (NA)."**

QUESTIONS

SECTION B: NEED

- A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency's website at <http://www.tn.gov/hsda/article/hsda-criteria-and-standards>.
- B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.
- C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. **Attachment Section B - Need-C. p 74**

Please complete the following tables, if applicable:

applicable

Service Area Counties	Historical Utilization-County Residents	% of total procedures
County #1		
County #2		
Etc.		
Total		100%

not

Service Area Counties	Projected Utilization-County Residents	% of total procedures
County #1		
County #2		
Etc.		
Total		100%

Section B: General Criteria for Certificate of Need

In accordance with T.C.A. § 68-11-1609 (b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 3 ½" x 11" white paper, single-sided or double sided. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. **If a question does not apply to your project, indicate "Not Applicable (NA)."**

Questions

SECTION B: NEED

A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that is applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency's website at <http://www.tn.gov/hsda/article/hsda-criteria-and-standards>.

This project is a relocation of individuals within the same agency, city, and county. There will be no change in the number of ICF/IID beds in the agency, city, or county. The proposal does not affect any individuals not currently served in ICF/IID. This move will provide growth opportunities for the individuals served. It will enhance their emotional health and well-being. It will not otherwise impact the implementation of the State Health Plan and Guidelines for Growth.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

Summers House (4755 Frontage Road NW) is currently a residential habilitation facility funded through the HCBS waiver. Referrals for these homes were stopped as part of the HCBS new settings rule. This left Life Bridges with the choice to sell or re-purpose the property. The choice was made to parlay this change into a benefit for the residents of Wright House. Currently, the State has changed course in regard to phasing out the funding for the large group homes, however, the individuals at Summers House want to invest their lives in the options that were provided to them based on their level of need. Therefore, Life Bridges has continued in its plan to facilitate moves for this population. Following the move of ICF/IID home to 4755 Frontage Road, 2611 Bower Lane will be re-purposed as a medical residential home. The proposed relocation mirrors a very successful relocation project completed in March 2017 in which six ICF/IID individuals relocated from 2601 Bower Lane, Cleveland, TN to 3745 Adkisson Drive,

Cleveland, TN (CON 1605-017) with 2601 Bower Lane being licensed as a medical residential home in May 2017.

Federal HCBS Waivers

The 1915(c) waivers are one of many options available to states to allow the provision of long term care services in home and community based settings under the Medicaid Program. States can offer a variety of services under an HCBS Waiver program. Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

Tennessee's Administration of the HCBS waiver

The Statewide Waiver (0128.R05) serves adults with intellectual disabilities and children under age six with developmental delays who qualify for and, absent the provision of services provided under the Statewide Waiver, would require placement in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The Statewide Waiver offers a continuum of services that are selected by each person supported pursuant to a person-centered planning process and support each person's independence and full integration into the community, including opportunities to seek employment and work in competitive integrated settings and engage in community life. Services are delivered in a manner which ensures each individual's rights of privacy, dignity, respect and freedom from coercion and restraint; optimizes individual initiative, autonomy, and independence in making life choices; and are delivered in a manner that comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered Individual Support Plan.

The Department of Intellectual and Developmental Disabilities (DIDD) serves as the Operational Administrative Agency for this waiver, which is administered under the oversight of the Bureau of TennCare.

Services offered by the Tennessee HCBS Statewide Waiver

- ☐ Adult Dental Services
- ☐ Behavioral Respite Services
- ☐ Behavior Services
- ☐ Employment and Day Services
- ☐ Environmental Accessibility Modifications
- ☐ Family Model Residential Support

- ☐ Individual Transportation Services
- ☐ Intensive Behavior Residential Services
- ☐ Medical Residential Services
- ☐ Nursing Services
- ☐ Nutrition Services
- ☐ Occupational Therapy Services
- ☐ Orientation and Mobility Services for Impaired Vision
- ☐ Personal Assistance
- ☐ Personal Emergency Response Systems
- ☐ Physical Therapy Services
- ☐ Residential Habilitation
- ☐ Respite
- ☐ Semi Independent Living
- ☐ Specialized Medical Equipment & Supplies & Assistive Technology
- ☐ Speech, Language, & Hearing Services
- ☐ Supported Living
- ☐ Support Coordination
- ☐ Transitional Case Management

C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in border states, if applicable. **Attachment Section B-Need-C** p74 *County Level Map*

The service area includes Bradley, Hamilton, McMinn, Meigs, Monroe, Polk, and Rhea Counties. Wright House – 2611 Bower Lane (current ICF/IID home) and Summers House-4755 Frontage Road (proposed ICF/IID home) are both located in Bradley County. There are currently only four ICF/IID homes in Bradley County. The proposed change will not affect the number of ICF/IID beds or homes in the county. It is reasonable to anticipate that future residents could come from the surrounding counties.

See attachment: Section B-Need-C, County Level Map, p. 74

D. 1). a) Describe the demographics of the population to be served by the proposal.
b) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: <http://www.tn.gov/health/article/statistics-population>

TennCare Enrollment Data: <http://www.tn.gov/tenncare/topic/enrollment-data>

Census Bureau Fact Finder:

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Bureau of the Census				Tenn Care	
	Total Population- Current Year (CY)	Total Population- Projected Year (PY)	Total Pop.% Change	*Target Pop. (CY)	*Target Pop. (PY)	*Target Pop.-% Change	Target Pop. (PY) - % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of	TennCare Enrollees	TennCare Enrollees as % of Total Population
Bradley County	106,600	110,730	4%	341	354	4%	1.5%	38	\$42,114	21,320	20%	22,107	21%
Hamilton County	359,331	371,713	3%	1150	1190	4%	5%	39	\$48,248	57,493	16%	67,175	19%
McMinn County	54,783	56,019	2%	175	179	2%	.8%	43	\$38,535	8,765	16%	12,551	23%
Meigs County	12,285	12,518	2%	39	40	3%	.2%	44	\$34,424	2,580	21%	3,197	26%
Monroe County	48,511	50,551	4%	155	162	5%	.7%	43	\$35,291	9,217	19%	11,562	24%
Polk County	17,538	17,899	2%	56	57	2%	.3%	44	\$38,925	3,332	19%	4,101	23%
Rhea County	34,262	35,529	4%	110	114	4%	.5%	41	\$36,146	8,565	25%	8,976	26%
Service Area Total	633,310	654,959	3%	2027	2096	3%	9%	42	\$39,098	120,329	19%	129,669	21%
State of TN Total	6,887,572	7,179,512	4%	22,040	22,974	4%	100 %	38	\$45,219	1,239,763	18%	1,461,966	21%
*Current year = 2017													
**projected year =2021													

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.*

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

All of the individuals served by the proposal are current ICF/IID recipients. They continue to meet the criteria to receive ICF/IID funding. All will require extraordinary supports to be able to manage daily living activities and community access.

E. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

Not applicable

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include detailed calculations or documentation from referral sources, and identification of all assumptions.**

		2014	2014	2014	2015	2015	2015	2016	2016	2016
County	Facility/Address	Lic. Beds	ADC	% Occ.	Lic. Beds	ADC	% Occ.	Lic. Beds	ADC	% Occ.
Bradley	LBI/Cate/2601 Bower Ln SE, Cleveland, TN 37311	6	6	100	6	6	100	6	6	100
Bradley	LBI/Edgemon/209 Kile Lake Rd SE, Cleveland, TN 37323	4	4	100	4	4	100	4	4	100
Bradley	LBI/McIntire/207 Kile Lake Rd SE, Cleveland, TN 37323	4	4	100	4	4	100	4	4	100
Bradley	LBI/Wright/2611 Bower Ln SE, Cleveland, TN 37323	6	6	100	6	6	100	6	6	91

Wright House experienced the loss of one person in 2016. That bed was filled in 31 days. Resident bed days are 365 days per year times the number of persons in the home (6) for a total of 2,190 resident days per year. No changes in occupancy are expected in year one or year two, therefore, the resident bed days for each year are 2,190. If there were to be a loss, the bed is expected to fill quickly based on the data from the last three years.

SECTION B: ECONOMIC FEASIBILITY

A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

1) All projects should have a project cost of at least \$15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)

Estimated project cost is \$635,000.

See following page: Project Costs Chart

See attachment: Section B: Economic Feasibility A1, Comparative Market Analysis, p. 75-86

2) The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

Not applicable

3) The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

Not Applicable

4) Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart.

The square footage for 2611 Bower Lane is 2400 square feet; 4755 Frontage Road is 5335 square feet.

Wright House (existing home)

Bedroom 1: 166 square feet (1 person)
 Bedroom 2: 178 square feet (2 persons)
 Bedroom 3: 166 square feet (2 persons)
 Bedroom 4: 190 square feet (1 person)

Summers House (proposed home)

Bedroom 1: 122 square feet (1 person)
 Bedroom 2: 110 square feet (1 person)
 Bedroom 3: 122 square feet (1 person)
 Bedroom 4: 140 square feet (1 person)
 Bedroom 5: 122 square feet (1 person)
 Bedroom 6: 122 square feet (1 person)

Wright House is 21 years old. Summers House is 33 years old.

The driving distance between the two homes is 8.0 miles (see attachment)

See page 19 for Square Footage Chart.

See attachment: Section 6-B-2 Floor Plan, p. 68

5) For projects that include new construction, modification, and/or renovation—**documentation must be** provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:

- a) A general description of the project;
- b) An estimate of the cost to construct the project;
- c) A description of the status of the site's suitability for the proposed project; and
- d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

See attachments: Section B: Economic Feasibility A5-a-d, Project Description, On-Site Review and Architect's Attestation, p. 87-97

C. Complete Historical Data Charts on the following two pages—**Do not modify the Charts provided or submit Chart substitutions!**

Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

See following pages for Historical Data Chart. p 31

D. Complete Projected Data Charts on the following two pages – **Do not modify the Charts provided or submit Chart substitutions!**

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the **Proposal Only** (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

See following pages for the Projected Data Charts. p 35

PROJECT COST CHART

A. Construction and equipment acquired by purchase:		
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	_____
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Total Construction Costs	\$130,000
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000 as separate attachments)	_____
9.	Other (Specify) <u>value of owned property being renov.</u>	\$490,000
B. Acquisition by gift, donation, or lease:		
1.	Facility (inclusive of building and land)	_____
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C. Financing Costs and Fees:		
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	\$ 620,000
E.	CON Filing Fee	15,000
F.	Total Estimated Project Cost (D+E)	\$635,000
	TOTAL	\$635,000

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. **(Documentation for the type of funding *MUST* be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment Section B-Economic Feasibility-B.)**

- ☐ 1) Commercial loan – Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ 2) Tax-exempt bonds – Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ 3) General obligation bonds – Copy of resolution from issuing authority or minutes from the appropriate meeting;
- ☐ 4) Grants – Notification of intent form for grant application or notice of grant award;
- ☒ 5) Cash Reserves – Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or *See Attachment: Section B: Economic Feasibility B5, Type of Funding Letter, p. 9
- ☐ 6) Other – Identify and document funding from all other sources.

C. Complete Historical Data Charts on the following two pages—**Do not modify the Charts provided or submit Chart substitutions!**

Historical Data Chart represents revenue and expense information for the last *three* (3) years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

HISTORICAL DATA CHART

☒ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	Year <u>2014</u>	Year <u>2015</u>	Year <u>2016</u>
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>2,190 days</u>	<u>2,190 days</u>	<u>2,190 days</u>
B. Revenue from Services to Patients			
1. Inpatient Services	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Outpatient Services	<u> </u>	<u> </u>	<u> </u>
3. Emergency Services	<u> </u>	<u> </u>	<u> </u>
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,180,942</u>	<u>1,238,929</u>	<u>1,391,272</u>
Gross Operating Revenue	\$ <u>1,180,942</u>	\$ <u>1,238,929</u>	\$ <u>1,391,272</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Provision for Charity Care	<u> </u>	<u> </u>	<u> </u>
3. Provisions for Bad Debt	<u> </u>	<u> </u>	<u> </u>
Total Deductions	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,180,942</u>	\$ <u>1,238,929</u>	\$ <u>1,391,272</u>
D. Operating Expenses			
1. Salaries and Wages & Benefits			
a. Direct Patient Care	<u>653,840</u>	<u>765,871</u>	<u>817,691</u>
b. Non-Patient Care	<u>178,015</u>	<u>198,522</u>	<u>200,413</u>
2. Physician's Salaries and Wages	<u> </u>	<u> </u>	<u> </u>
3. Supplies	<u>33,057</u>	<u>30,834</u>	<u>47,087</u>
4. Rent	<u> </u>	<u> </u>	<u> </u>
a. Paid to Affiliates	<u> </u>	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>	<u> </u>
5. Management Fees:	<u> </u>	<u> </u>	<u> </u>
a. Paid to Affiliates	<u> </u>	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>	<u> </u>
6. Other Operating Expenses	<u>201,249</u>	<u>195,889</u>	<u>195,606</u>
Total Operating Expenses	\$ <u>1,066,161</u>	\$ <u>1,191,116</u>	\$ <u>1,260,797</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>114,781</u>	\$ <u>47,813</u>	\$ <u>130,475</u>
F. Non-Operating Expenses			
1. Taxes	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Depreciation	<u>26,003</u>	<u>26,972</u>	<u>26,651</u>
3. Interest	<u> </u>	<u> </u>	<u> </u>
4. Other Non-Operating Expenses	<u>750</u>	<u>0</u>	<u>0</u>
Total Non-Operating Expenses	\$ <u>26,753</u>	\$ <u>26,972</u>	\$ <u>26,651</u>
NET INCOME (LOSS)	\$ <u>88,028</u>	\$ <u>20,842</u>	\$ <u>103,824</u>

Chart Continues Onto Next Page

NET INCOME (LOSS)

\$ _____ \$ _____ \$ _____

G. Other Deductions

1. Annual Principal Debt Repayment

\$ _____ \$ _____ \$ _____

2. Annual Capital Expenditure

Total Other Deductions \$ 0 \$ 0 \$ 0**NET BALANCE** \$ 114,781 \$ 47,813 \$ 130,475**DEPRECIATION** \$ 26,003 \$ 26,972 \$ 26,651**FREE CASH FLOW (Net Balance + Depreciation)** \$ 140,784 \$ 74,785 \$ 157,126☒ Total Facility☐ Project Only**HISTORICAL DATA CHART-OTHER EXPENSES****OTHER EXPENSES CATEGORIES****Year 2014****Year 2015****Year 2016**1. Professional Services Contract

\$ _____ \$ _____ \$ _____

2. Contract Labor

3. Imaging Interpretation Fees

4. _____

5. See following page

6. _____

7. _____

Total Other Expenses

\$ _____ \$ _____ \$ _____

HISTORICAL DATA CHART - OTHER EXPENSES

	FY2014	FY2015	FY2016
Bed Tax	\$ 63,147	\$ 66,321	\$ 74,052
Maint	\$ 6,856	\$ 7,789	\$ 7,140
Comm	\$ 7,161	\$ 6,831	\$ 8,536
WC	\$ 19,286	\$ 19,873	\$ 19,687
Utilities	\$ 10,795	\$ 11,048	\$ 10,276
Food	\$ 24,698	\$ 22,958	\$ 20,365
Insurance	\$ 15,230	\$ 15,007	\$ 15,189
Prof Exp	\$ 22,640	\$ 20,667	\$ 20,461
Trans Exp	\$ 24,827	\$ 19,746	\$ 14,975
Travel	\$ 453	\$ 834	\$ 1,166
Misc	\$ 6,156	\$ 4,815	\$ 3,759
TOTALS	\$ 201,249	\$ 195,889	\$ 195,606

*Misc - Memberships, Advertising, Rental Expense

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (Gross Operating Revenue/Utilization Data)	644.11	666.17	636.30	668.12	.3
Deduction from Revenue (Total Deductions/Utilization Data)	0	0	0	0	0
Average Net Charge (Net Operating Revenue/Utilization Data)	47.41	86.81	16.34	14.72	-83.04

*Percentage of SSI funds dedicated for care expense = ZERO

SSI is NOT used for rent or personal care services; no individual receives food stamps.

PROJECTED DATA CHART

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☐ Total Facility
☒ Project Only

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	Year <u>2018</u>	Year <u>2019</u>
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>2,190 days</u>	<u>2,190 days</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u> </u>	\$ <u> </u>
2. Outpatient Services	<u> </u>	<u> </u>
3. Emergency Services	<u> </u>	<u> </u>
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,393,497</u>	<u>1,463,183</u>
Gross Operating Revenue	\$ <u>1,393,497</u>	\$ <u>1,463,183</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u> </u>	\$ <u> </u>
2. Provision for Charity Care	<u> </u>	<u> </u>
3. Provisions for Bad Debt	<u> </u>	<u> </u>
Total Deductions	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,393,497</u>	\$ <u>1,463,183</u>
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	<u>854,191</u>	<u>893,716</u>
b. Non-Patient Care	<u>228,673</u>	<u>243,291</u>
2. Physician's Salaries and Wages	<u> </u>	<u> </u>
3. Supplies	<u>48,848</u>	<u>53,244</u>
4. Rent	<u> </u>	<u> </u>
a. Paid to Affiliates	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>
5. Management Fees:		
a. Paid to Affiliates	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>
6. Other Operating Expenses	<u>204,306</u>	<u>218,352</u>
Total Operating Expenses	\$ <u>1,336,018</u>	\$ <u>1,408,603</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>57,479</u>	\$ <u>54,580</u>
F. Non-Operating Expenses		
1. Taxes	\$ <u> </u>	\$ <u> </u>
2. Depreciation	<u>21,686</u>	<u>22,338</u>
3. Interest	<u> </u>	<u> </u>
4. Other Non-Operating Expenses	<u> </u>	<u> </u>
Total Non-Operating Expenses	\$ <u>21,686</u>	\$ <u>22,338</u>
NET INCOME (LOSS)	\$ <u>35,793</u>	\$ <u>32,242</u>

Chart Continues Onto Next Page

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NET INCOME (LOSS)

	\$ _____	\$ _____
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	\$ _____	\$ _____
2. Annual Capital Expenditure	_____	_____
Total Other Deductions	\$ 0	\$ 0
NET BALANCE	\$ 35,793	\$ 32,242
DEPRECIATION	\$ 21,686	\$ 22,338
FREE CASH FLOW (Net Balance + Depreciation)	\$ 54,479	\$ 54,580

- ☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

<u>OTHER EXPENSES CATEGORIES</u>	<u>Year 2018</u>	<u>Year 2019</u>
1. <u>Professional Services Contract</u>	\$ _____	\$ _____
2. <u>Contract Labor</u>	_____	_____
3. <u>Imaging Interpretation Fees</u>	_____	_____
4. _____	_____	_____
5. <u>See following page</u>	_____	_____
6. _____	_____	_____
7. _____	_____	_____
Total Other Expenses	\$ _____	\$ _____

PROJECTED DATA CHART - OTHER EXPENSES

	FY2018	FY2019
Bed Tax	\$ 76,642	\$ 80,475
Maint	\$ 6,087	\$ 6,574
Comm	\$ 7,280	\$ 7,863
WC	\$ 25,964	\$ 28,041
Utilities	\$ 11,391	\$ 12,302
Food	\$ 24,401	\$ 26,353
Insurance	\$ 17,921	\$ 19,355
Prof Exp	\$ 15,225	\$ 16,443
Trans Exp	\$ 12,834	\$ 13,861
Travel	\$ 1,444	\$ 1,559
Misc	\$ 5,118	\$ 5,527
 TOTALS	 \$ 204,306	 \$ 218,352

*Misc - Memberships, Advertising, Rental Expense

2) Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

There will be no changes in charges due to the proposal. Any changes would be due to inflation and bed rates. The project will not affect the Per Diem Rate. No additional beds will be created. The proposal is solely to relocate individuals who are already receiving ICF/IID services.

See Attachments: Section B: Economic Feasibility E2 & E3, Comparison Charts, p. 99

3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

These charges are commiserate with similar projects. The project cost for a mirror relocation of ICF/IID residents by Life Bridges, Inc. (CON # 1605-017) was projected to be \$622,065. The final cost was \$598,689. The increased projected cost for this project takes into consideration inflation and issues incurred in the former project process. Different vendors bid for the work and some who were the same gave increased bids due to issues encountered in the renovation of the home at 3745 Adkisson Drive.

Life Bridges has 4 ICF/IID homes. The other 3 homes per diem rates are as follows:

Cate (6 beds) \$653.79

McIntire (4 beds) \$847.56

Edgemon (4 beds) \$824.20

Similar projects by other agencies:

1. Michael Dunn Center, CN1602-006

A 10 bedroom home was renovated to become a four bedroom ICF/IID home. The projected renovation cost per square foot for this approved project was \$54.60.

2. Michael Dunn Center, CN1509-038

A 10 bedroom home was renovated to become a four bedroom ICF/IID home. The projected renovation cost per square foot for this approved project was \$37.50.

Summary: The projected renovation cost per square foot for the renovation of Summers House is \$24.36 thus making it less than either of the comparable projects.

See Attachments: Section B: Economic Feasibility E2 & E3, Comparison Charts, p. 619/17

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance.

Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as **Attachment Section B-Economic Feasibility-F1**. **NOTE: Publicly held entities only need to reference their SEC filings.** ↖ p. 100-124

Wright House has had only one opening in the past five years and it was filled in 31 days. This utilization rate provides excellent support for financial performance. While DIDD no longer has a waiting list, their referral list of individuals whose needs are greater than the current cap will be a source of individuals for future openings. Community and agency referrals of individuals who are appropriate for ICF/IID services are another source for openings.

Life Bridges will continue to run these homes efficiently, providing quality care while maintaining cost-effectiveness. The relocation of the individuals will not lead to higher costs. Life Bridges will fund this project with cash reserves. We will continue to maintain financial viability; this project will not cause a negative financial impact.

See Attachments: Section B: Economic Feasibility-F1, Balance Sheet in Independent Audit p. 100-124

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2 nd Year previous to Current Year	1 st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	4%	9%	11%-13%	4%	4%

3) Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a

business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: $(\text{Long-term debt} / (\text{Long-term debt} + \text{Total Equity (Net assets)}) \times 100)$.

Not applicable

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

The capitalization ratio is 5.6%

G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Payor Source	Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	0	0
TennCare/Medicaid	1,393,497	100%
Commercial/Other Managed Care	0	0
Self-Pay	0	0
Charity Care	0	0
Other (Specify) _____	0	0
Total	1,393,497	100%

H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (2017)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
Nurses	5	6	\$17.00 – 19.00	27.69
Direct Support Workers	21	21	\$10.50 – 11.50	\$8.13 – 12.85
Total Direct Patient Care Positions	26	27		
b) Non-Patient Care Positions				
Supervisors	6	6	\$14.5-16.83	Avg. \$14.01
Director	1	1	\$27.40	Avg. \$49,389
Total Non-Patient Care Positions	7	7		
Total Employees (A+B)	33	33		
c) Contractual Staff	0	0	0	0
Total Staff (a+b+c)	33	34		

See attachments: Section B: Economic Feasibility H, Average Wage Documentation, p. 125-128

I. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements.

Plan for Renovation of Wright House

Cost:

- \$87,032.00 - Add-on two bedrooms with closets (178sq' each) with access corridor, exit doors and sprinkler expansion. (150sq'). 506sq'x \$172.00/sq'.
- \$8,550.00 - Relocate two closets and create corridor in existing structure to access one existing bedroom and two new bedrooms. 95sq'x \$90.00/sq'.
- \$7,500.00 - Upgrade and expand existing HVAC system to handle additional square footage.
- \$2,500.00 - Relocate House Generator
- \$35,000.00 - Site Preparation – Back fill dirt approx. 225cu yards, compact and excavate.
- \$140,582.00 - Estimated total cost – 601sq'x \$275.00/sq'

*Cost/square foot input used from CON approved applications 2013 – 2015 for Nursing Home Construction per Square Foot (Median Range)

Weaknesses:

- The home is landlocked on the front and two sides and would not be conducive to an addition according to the existing house plan. The backside of the house where the house plan would be conducive to an addition would require excessive backfilling since the grade elevation drops 7 feet.
- The home is greatly needed AS IS with no renovation required to use as a Med Res 4 person home ASAP.
- Proposed Summers home, which will be empty through attrition and declines in health of the individuals, will require costly renovation to convert to a duplex supported living home or be sold.
- The individuals living in the current home will be affected adversely by the new construction and alteration of the home.
- The cost of transitional housing for the individuals during the renovation would have to be considered.

- The living room space (360 square feet) is inadequate for a 6 person home with staff.
- Renovation cost is estimated at \$140,000.00. The proposed construction portion of the project cost is estimated to be \$130,000.00.

Strengths:

- There are no real strengths to a plan involving renovating Wright House rather than relocating to Summers House.

Plan for Relocating to Summers House

Cost:

See Project Costs Chart

Total estimated project cost: \$635,000.

Weaknesses:

- There are no appreciable weaknesses.

Strengths

- There are minimal renovation needs to prepare the home.
- There is a generous living and dining area which will help with behavior challenges.
- Cate House will be available to meet a need for a medical residential home.
- The individuals served will have a private bedroom and double the number of bathrooms available for their use.
- Transitional living issues during renovation will be avoided by not renovating Cate House.
- This plan is more cost effective.

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.

Life Bridges healthcare group is on the provider list for each of the following:

Medicare
 Medicaid
 Humana
 Blue Care
 TN Care
 Americhoice
 TN Behavioral Health
 TN Care Select
 Health Spring
 Blue Cross Blue Shield
 United Health Care
 Wellcare
 CIGNA
 Cariten
 National Association of Letter Carriers
 AETNA
 United Healthcare Community Plan
 Humana Gold
 Magellan/TN Health
 Health Scope

At present time Life Bridges, Inc. has no Out-of-Network relationships.

B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

1) Positive Effects – not applicable

2) Negative Effects – not applicable

Access to health care will not change as a result of the proposal. There will be no competition or duplication of the proposal on the health care system. The individuals served by the proposal will continue their current use of healthcare resources. Each individual receives nursing services 24/7 in their home. The proposal will assist mightily in the delivery of this service as the nurses currently function from a small med closet. The new location will have more space for medication storage, preparation, and administration.

C. 1) Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

Life Bridges' Human Resources Department has established systems and procedures to recruit and train the necessary personnel for the existing homes and services. The proposal will not change the needs for professional staff. These professionals are currently in place with ongoing plans for the individuals affected by the proposal. The current plans and services will continue. The proposal simply changes the venue where services provided in the home are located.

2) Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Life Bridges is well versed in the proper credentialing of all medical and clinical staff and keeps detailed status reports on license renewal for all effected staff, whether part time or full time.

See Attachments: Section B: Contribution to the Orderly Development of Healthcare C2, Professional Licenses p 129-144

3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

Life Bridges partners with local universities such as Lee University, Cleveland State University, and Southern Adventist University to provide service learning and internship opportunities. These are primarily in the areas of nursing, social work, and counseling.

D. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Life Bridges is knowledgeable regarding all applicable licensure requirements. The agency is in compliance with these requirements as noted through current licenses and surveys. Both the requirements and levels of compliance are reviewed routinely through the agency's quality assurance functions.

Both homes are licensed through the Department of Intellectual and Developmental Disabilities, Tennessee Department of Health, Tennessee Department of Health and Substance Abuse, Tennessee Department of Mental Health and Developmental Disabilities. Summers House, 4755 Frontage Road, Cleveland, TN 37312, is Certification Type: ID & DD Residential Habilitation Facility. This license will end when the last resident moves which is scheduled for June 2017. Wright House is Certification Type: Institutional Habilitation. The renovation/construction costs in this proposal will bridge the gap between Certification Types. At the completion of the project, 4755 Frontage Road will be licensed as Institutional Habilitation.

Licensure: Department of Intellectual and Developmental Disabilities, Tennessee Department of Health, Tennessee Department of Health and Substance Abuse, Tennessee Department of Mental Health and Developmental Disabilities

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

Wright House (2611 Bower Lane, Cleveland, TN 37311) Institutional Habilitation
Summers House (4755 Frontage Road, Cleveland, TN 37312) ID & DD Residential Habilitation Facility

Accreditation (i.e., Joint Commission, CARF, etc.): Council of Accreditation Rehabilitation Facilities (CARF)

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D, Licensed Facilities, p. 145-158.

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D1, CARF Accreditation, p. 159-161

2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D2, Survey, p. 162-174

3) Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

There have been no final orders or judgements entered in any state or country by a licensing agency or court against Life Bridges, Inc.

E. Respond to all of the following and for such occurrences, identify, explain and provide documentation:

1) Has any of the following:

a) Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);

b) Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or

c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.

2) Been subjected to any of the following:

a) Final Order or Judgment in a state licensure action;

b) Criminal fines in cases involving a Federal or State health care offense;

c) Civil monetary penalties in cases involving a Federal or State health care offense;

d) Administrative monetary penalties in cases involving a Federal or State health care offense;

e) Agreement to pay civil or administrative monetary penalties to the federal government

Not applicable

- c) Civil monetary penalties in cases involving a Federal or State health care offense;
- d) Administrative monetary penalties in cases involving a Federal or State health care offense;
- e) Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; and/or
- f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.
- g) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.
- h) Is presently subject to a corporate integrity agreement.

F. Outstanding Projects:

- 1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and

<u>Outstanding Projects</u>					
<u>CON Number</u>	<u>Project Name</u>	<u>Date Approved</u>	<u>*Annual Progress Report(s)</u>		<u>Expiration Date</u>
			<u>Due Date</u>	<u>Date Filed</u>	
Not applicable					

* Annual Progress Reports – HSDA Rules require that an Annual Progress Report (APR) be submitted each year. The APR is due annually until the Final Project Report (FPR) is submitted (FPR is due within 90 ninety days of the completion and/or implementation of the project). Brief progress status updates are requested as needed. The project remains outstanding until the FPR is received.

- 2) Provide a brief description of the current progress, and status of each applicable outstanding CON.

F. Outstanding Projects:

1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and

2) Provide a brief description of the current progress, and status of each applicable outstanding CON.

Not applicable

G. Equipment Registry – For the applicant and all entities in common ownership with the applicant.

1) Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)? _____

Not applicable

2) If yes, have you submitted their registration to HSDA? If you have, what was the date of submission? _____

Not applicable

3) If yes, have you submitted your utilization to Health Services and Development Agency? If you have, what was the date of submission? _____

Not applicable

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

Life Bridges will provide any requested information to any authorized entity/authority. Applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at <http://www.tn.gov/health/topic/health-planning>). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria. Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

Each person's health is the result of the interaction of individual behaviors, social factors, the environment, health care, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of state agencies and stakeholders to improve health with respect to these factors, focusing particularly on **behaviors, social factors, and the environment**.

Environmental: The proposed project will enlarge the living space of the individuals affected by the proposal. Lockhart House has ten bedrooms; six will be used for bedrooms providing each individual their own personal space. The remaining bedrooms will be repurposed for therapy uses, sensory/activity rooms, and sitting areas. Lockhart House offers space to retreat to a quieter environment to destress while, at the same time, providing roomy areas for socialization. A private bedroom offers the individual served the opportunity of choice of social or private time. Having two living areas in the home offers the choice of socialization within small groups or a larger group.

Behavioral: Each person served will have a private room to retreat to when they are feeling anxious or when another house mate is feeling anxious and having extreme behaviors. A place to avoid undesired stimulus will decrease anxiety in the persons served which improves the overall health of the individual. With this move we should see a decrease in anxiety, behaviors, and self-injurious behaviors (SIB's). A reduction in these behavioral issues could result in the reduction of medications prescribed for these challenges.

Social factors: The outcomes impacted will be behaviors and socialization of the person served. A reduction in behaviors due to anxiety will be looked as success. A decrease in anxiety in the persons will increase opportunities for socialization with persons served.

ICF/IID event management is conducted weekly. Behavioral trends are monitored through event documentation and will indicate the success/challenges of the move. All six individuals affected by this project receive ongoing behavioral therapy and are followed by their Primary Care Physician and Psychiatrist for mental health issues. These professionals will also be tracking the success/challenges of the move through the event documentation and observation/interview with the individuals.

B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

Geographical: There will not be an appreciable change in access as Summers House is 3.8 miles from the closest emergency room and Wright House is 4.1 miles from that same emergency room.

Insurance: There will be no changes in insurance coverage.

Technology: The larger space allows for more advanced equipment and needed equipment to be located onsite.

Disparity in types of services: At present time there is a need for Medical Residential and Supportive Living homes in the HCBS waiver. This proposal will open up a home that may be used as a Medical Residential home. This will provide more opportunities for individuals to receive needed medical services in the home.

C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

The private rooms and larger space will decrease self-injurious behaviors, anxiety and stress. This decrease will reduce medical interventions needed, therefore reducing medical expenses. It may also result in the decreased need for medications which will reduce health care cost.

This proposal will make available a home that may be used as Medical Residential home. This opportunity encourages economic efficiency by creating a more cost efficient way to provide accessible services to a greater number of people. Many of the people served in the medical residential model qualify for an ICF/IID or nursing home but are able to be served at a lower more efficient cost in a community setting.

The state and national move toward greater choice of health care services provides more accessibility to health care providers and opportunity for competition in health care services. Advertisement and description of services in brochures, website, and annual Quality Assurance Analysis that Life Bridges will present to the general public will allow us to compete in the health care market.

D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

The final project is regulated by multiple entities that require quality health care providers. As in the past, Life Bridges will continue to meet the standards put forth by CMS, CARF, Licensure, and individual health boards for all clinicians such as Nurses, Physician Assistants, Medical Doctors, Physical Therapist, Behavior Analyst, Speech and Language Therapist and all other licensed clinicians.

The final project is regulated by multiple entities that require health care providers to obtain training and official continuing education credits and hours. As in the past, Life Bridges will continue to meet the standards put forth by CMS, CARF, Licensure, and individual health boards for all clinicians such as Nurses, Physician Assistants, Medical Doctors, Physical Therapist, Behavior Analyst, Speech and Language Therapist and all other licensed clinicians.

E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

This project will move staff from Wright House to Summers House but will not alter the number of employees.

It will provide an improved environment for the existing workforce in both ICF/IID and Medical Residential services.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent.

See attachment: Proof of Publication

NOTIFICATION REQUIREMENTS**(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)**

Note that T.C.A. §68-11-1607(c)(9)(A) states that "... Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the agency by the applicant."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

Not applicable

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date [Month/Year]
1. Initial HSDA decision date		8/2017
2. Architectural and engineering contract signed		
3. Construction documents approved by the Tennessee Department of Health		
4. Construction contract signed		
5. Building permit secured		
6. Site preparation completed		
7. Building construction commenced	60	10/17
8. Construction 40% complete	120	12/17
9. Construction 80% complete	180	2/18
10. Construction 100% complete (approved for occupancy)	210	4/18
11. *Issuance of License	210	4/18
12. *Issuance of Service	210	4/18
13. Final Architectural Certification of Payment		
14. Final Project Report Form submitted (Form HR0055)	240	5/18

*For projects that **DO NOT** involve construction or renovation, complete Items 11 & 12 only.

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

AFFIDAVITSTATE OF TennesseeCOUNTY OF Bradley

Diana Jackson, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Diana Jackson
SIGNATURE/TITLE

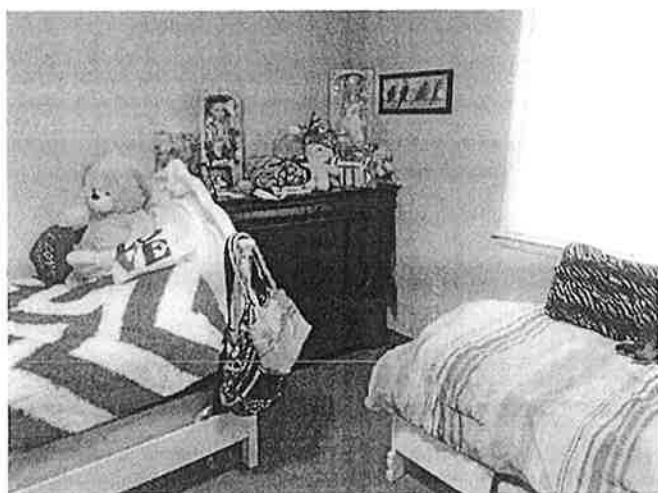
Sworn to and subscribed before me this 7 day of June, 2017 a Notary
(Month) (Year)

Public in and for the County/State of Bradley County, TN.

Christi Lynn Waters
NOTARY PUBLIC

My commission expires February 10, 2021.
(Month/Day) (Year)





State of Tennessee



Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT
TO THE CHARTER
(Nonprofit)

For Office Use Only

CORPORATE CONTROL NUMBER (IF KNOWN) 0091127

PURSUANT TO THE PROVISIONS OF SECTION 48-60-105 OF THE TENNESSEE NONPROFIT CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:

Care and Growth Home, Inc.
IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:

Bradley/Cleveland Property Development and Management, Inc.

2. PLEASE MARK THE BLOCK THAT APPLIES:

☐ AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.

☒ AMENDMENT IS TO BE EFFECTIVE, 7/1/02 (MONTH, DAY, YEAR)
(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

3. PLEASE INSERT ANY CHANGES THAT APPLY:

A. PRINCIPAL ADDRESS: 764 Old Chattanooga Pike, SW
Cleveland, TN / Bradley 37311
CITY STATE/COUNTY ZIP CODE

B. REGISTERED AGENT: Walter C. Hunt

C. REGISTERED ADDRESS: 764 Old Chattanooga Pike, SW
Cleveland, TN 37311 Bradley
CITY STATE ZIP CODE COUNTY

D. OTHER CHANGES: None

4. THE CORPORATION IS A NONPROFIT CORPORATION.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF MEMBERSHIPS IS AS FOLLOWS:
No memberships

6. THE AMENDMENT WAS DULY ADOPTED ON 04/16/02 (MONTH, DAY, YEAR)
BY (Please mark the block that applies):

☐ THE INCORPORATORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

☒ THE BOARD OF DIRECTORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

☐ THE MEMBERS

7. INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLIES BY MARKING THE APPLICABLE BLOCK:

☒ ADDITIONAL APPROVAL FOR THE AMENDMENT (AS PERMITTED BY §48-60-301 OF THE TENNESSEE NONPROFIT CORPORATION ACT) WAS NOT REQUIRED.

☐ ADDITIONAL APPROVAL FOR THE AMENDMENT WAS REQUIRED BY THE CHARTER AND WAS OBTAINED.

Chairman

SIGNER'S CAPACITY

DATE

05/23/02

SIGNATURE

NAME OF SIGNER (TYPED OR PRINTED)

Eddie G. Cartwright

**Bradley/Cleveland Services, Inc./
Care and Growth Home, Inc.
Board Resolution/Amendment to the Articles
of Incorporation**

During the regular scheduled meeting of the Board of Directors' of
Bradley/Cleveland Services, Inc. and Care and Growth Homes, Inc. on:

January 28, 2002. A quorum was present.

During a the regular scheduled meeting of the Board of Directors' of
Bradley/Cleveland Services, Inc. and Care and Growth Home, Inc. which serves
as one in the same. The Board of Directors' approved to change the name of
Care and Growth Home, Inc. to Bradley/Cleveland Property Development and
Management, Inc. The name change will allow the function and purpose of the
corporation to be clearly defined in the community.

This new corporation will be called: Bradley/Cleveland Property
Development and Management, Inc.

After the proposed name change was presented and a motion was made for its'
approval and seconded, the following was approved by unanimous consent:

Walter C. Hunt, Executive Director, is hereby authorized to execute any and all
documents necessary for the change the name of Care and Growth Home, Inc.
to change the name of Care and Growth Home, Inc. to:
Bradley/Cleveland Property Development and Management, Inc.

Approved this 28th day of January, 2002

Bradley/Cleveland Services, Inc.
Care and Growth Home, Inc.

By: Brenda Hughes
Secretary

Articles of Amendment to the Charter of Bradley Cleveland Services, Inc.

Corporate Control Number 000075281.

Pursuant to the provisions of section 48-60-105 of The Tennessee Nonprofit Corporation Act, the undersigned corporation adopts the following articles of amendment to its charter:

The name of the corporation as it appears of record is Bradley Cleveland Service, Inc.
The new name is Life Bridges, Inc.

1. Amendment is to be effective 12-20-2010.
2. There are no changes to the Principal address, Registered agent, or Registered address.
3. ~~The corporation is a nonprofit corporation.~~
4. The amendment is a name change only.
5. The amendment was duly adopted on December 20, 2010 by the board of directors. The corporation has no members. Therefore no approval by members is required. All required notice per T.C.A 48-60-102(b) was given.
6. Additional approval for the amendment (as permitted by T.C.A. 48-60-301 of the Tennessee non profit corporation act) was not required.



Luke Queen-Director


Dr. Raymond Brown-Director


Eddie Cartwright-Director


Peggy Pesterfield-Director


Ralph Summers-Director


Dr. L.E. Wooten-Director


Robert McIntire-Director


Martha McDowell-Director


David Fair-Director


James H. Edgemon-Director


Drew Robinson-Director


Pat Ensley-Director


Ken Webb-Director


Diana Jackson-Director



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **Life Bridges, Inc.**

General Information

SOS Control #	000075281	Formation Locale: TENNESSEE
Filing Type:	Nonprofit Corporation - Domestic	Date Formed: 08/01/1973
	08/01/1973 4:30 PM	Fiscal Year Close 6
Status:	Active	
Duration Term:	Perpetual	
Public/Mutual Benefit:	Public	

Registered Agent Address

DIANA JACKSON
674 OLD CHATTANOOGA PIKE SW
CLEVELAND, TN 37311-8517

Principal Address

764 OLD CHATTANOOGA PIKE SW
CLEVELAND, TN 37311-8566

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
07/18/2016	2016 Annual Report	B0274-7717
	Principal Address 1 Changed From: 674 OLD CHATTANOOGA PIKE SW To: 764 OLD CHATTANOOGA PIKE SW	
	Principal Postal Code Changed From: 37311-8517 To: 37311-8566	
06/16/2015	2015 Annual Report	B0112-8534
07/03/2014	2014 Annual Report	A0253-2679
07/11/2013	2013 Annual Report	A0192-0250
	Registered Agent First Name Changed From: DR To: DIANA	
	Registered Agent Middle Name Changed From: LUCAS To: No Value	
	Registered Agent Last Name Changed From: QUEEN To: JACKSON	
06/12/2012	2012 Annual Report	A0132-3249
	Principal Address 1 Changed From: 764 OLD CHATTANOOGA PIKE S W To: 674 OLD CHATTANOOGA PIKE SW	
	Principal Postal Code Changed From: 37311 To: 37311-8517	
08/25/2011	2011 Annual Report	A0093-2166
	Principal Postal Code Changed From: 373640029 To: 37311	
	Principal County Changed From: No value To: Bradley County	
02/16/2011	Articles of Amendment	6833-2487
	Filing Name Changed From: BRADLEY/CLEVELAND SERVICES, INC. To: Life Bridges, Inc.	

Filing Information

Name: **Life Bridges, Inc.**

01/13/2011	Assumed Name	6821-0966
New Assumed Name Changed From: No Value To: Life Bridge Center		
01/13/2011	Assumed Name	6821-0968
New Assumed Name Changed From: No Value To: Life Bridges Center		
11/18/2010	2010 Annual Report	A0048-3184
03/15/2010	Assumed Name	6673-2280
New Assumed Name Changed From: No Value To: Gabriel Center, Inc.		
02/10/2010	Assumed Name	6653-0018
New Assumed Name Changed From: No Value To: Hermes, Inc.		
09/11/2009	2009 Annual Report	6595-2792
08/22/2008	2008 Annual Report	6367-2760
06/12/2007	2007 Annual Report	6073-1103
Registered Agent Changed		
06/13/2006	2006 Annual Report	5807-0941
06/22/2005	2005 Annual Report	5489-0367
10/01/2004	2004 Annual Report	5247-0258
06/30/2003	2003 Annual Report	4852-0592
06/25/2002	2002 Annual Report	4537-0205
06/28/2001	2001 Annual Report	4238-0568
07/13/2000	2000 Annual Report	3950-0358
10/23/1998	Articles of Amendment	3578-0345
Name Changed		
01/29/1993	Administrative Amendment	2636-1624
Fiscal Year Close Changed		
03/02/1992	CMS Annual Report Update	2390-1786
Principal Address Changed		
Registered Agent Physical Address Changed		
06/16/1990	Administrative Amendment	FYC/REVENUE
Fiscal Year Close Changed		
01/28/1986	Articles of Amendment	590 02248
Name Changed		
01/28/1986	Articles of Amendment	590 02249
Principal Address Changed		
Mail Address Changed		
01/28/1986	Registered Agent Change (by Entity)	590 02250

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Filing InformationName: **Life Bridges, Inc.**

Registered Agent Physical Address Changed

Registered Agent Changed

10/11/1985 Articles of Amendment

570 00768

Principal Address Changed

10/11/1985 Registered Agent Change (by Entity)

570 00769

Registered Agent Physical Address Changed

Registered Agent Changed

08/21/1985 Application for Reinstatement

561 01780

06/13/1985 Dissolution/Revocation - Administrative

549 02055

09/28/1976 Articles of Amendment

BP56P2942

Name Changed

03/07/1975 Articles of Amendment

BP55P5085

Name Changed

08/01/1973 Initial Filing

B029P5204

Active Assumed Names (if any)**Date****Expires**

Attachment Section A - 6A: Deed to Summers

This instrument prepared by L. Harlen Painter, Attorney
Cleveland, Tennessee

Tax No. D-3, m-53, P-9-

FOR AND IN CONSIDERATION of the sum of Five Dollars (\$5.00) cash in hand paid and other good and valuable consideration the receipt of which is hereby acknowledged, I, JACK LONAS, Trustee and Individually, have this day bargained and sold and by these presents do hereby sell, transfer and convey unto CARE AND GROWTH HOME, INC., its successors and assigns, the following described real estate situated in the Third Civil District of Bradley County, Tennessee, to-wit:

BEGINNING at a point in the Northwest line of Frontage Road; said point of beginning being South 59° 39' West, 51.1 feet from the most Southerly corner of Lot 1 of Rustic Villa Subdivision as shown by Plat of record in Plat Book 4, page 143, in the Register's Office, Bradley County, Tennessee; thence South 59° 39' West along the Northwest line of Frontage Road, 210 feet to a point marking the most Southerly corner of the land herein conveyed; thence North 42° 26' West, 210 feet to a point marking the most Westerly corner of the land herein conveyed; thence North 59° 39' East, 210 feet to a point marking the most Northerly corner of the land herein conveyed; thence South 42° 26' East, 210 feet to a point, the place of beginning.

Being part of the same real estate conveyed to the Grantor by deed from Nat M. Eldredge, et ux, et al, dated February 1, 1971 and recorded in Deed Book 173, page 121, in the Register's Office of Bradley County, Tennessee.

See also Premarital Agreement with the present wife recorded in Misc. Book 123, page 799, in the Register's Office of Bradley County, Tennessee.

The person or agency responsible for payment of the real property taxes is: 547

Spring Street

TO HAVE AND TO HOLD said real estate unto the said CARE AND GROWTH HOME, INC., its successors and assigns, forever in fee simple.

I COVENANT that I am lawfully seized and possessed of said real estate; that I have a good and lawful right thus to sell and convey the same; that the title thereto is clear, free and unencumbered and that I will forever warrant

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Attachment Section A - 6A

and defend the same against the lawful claims of all persons.

IN TESTIMONY WHEREOF, witness my hand and name on this the 14 day of February, 1984

Jack Lonas
Jack Lonas
Trustee

STATE OF TENNESSEE
COUNTY OF BRADLEY

On this the 14th day of February, 1984, before me personally appeared JACK LONAS, Trustee and Individually, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in, and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

My Commission expires: BY COMMISSION EXPIRES 2/1/86

WITNESS my hand and seal at office on this the day and year above written.

William C. Hunt
Notary Public

I hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is \$20,000, which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Zola L. Hunt
Affiant

Subscribed and sworn to before me this the 14th day of February, 1984.

William C. Hunt
Notary Public

My Commission expires: BY COMMISSION EXPIRES 2/1/86

STATE OF TENNESSEE, BRADLEY COUNTY
THE FOREGOING INSTRUMENT AND CERTIFICATE WERE NOTED
IN NOTE BOOK P. PAGE 164 AT 11:30 O'CLOCK AM
2-14 19 84 AND RECORDED IN 103 BOOK 280
PAGE 122 STATE TAX PAID 52.00 FEE 50
RECORDING FEE 600 TOTAL 585.00 WITHLESS MY HAND.
RECEIPT NO 38323

RAW

James F. Lopez

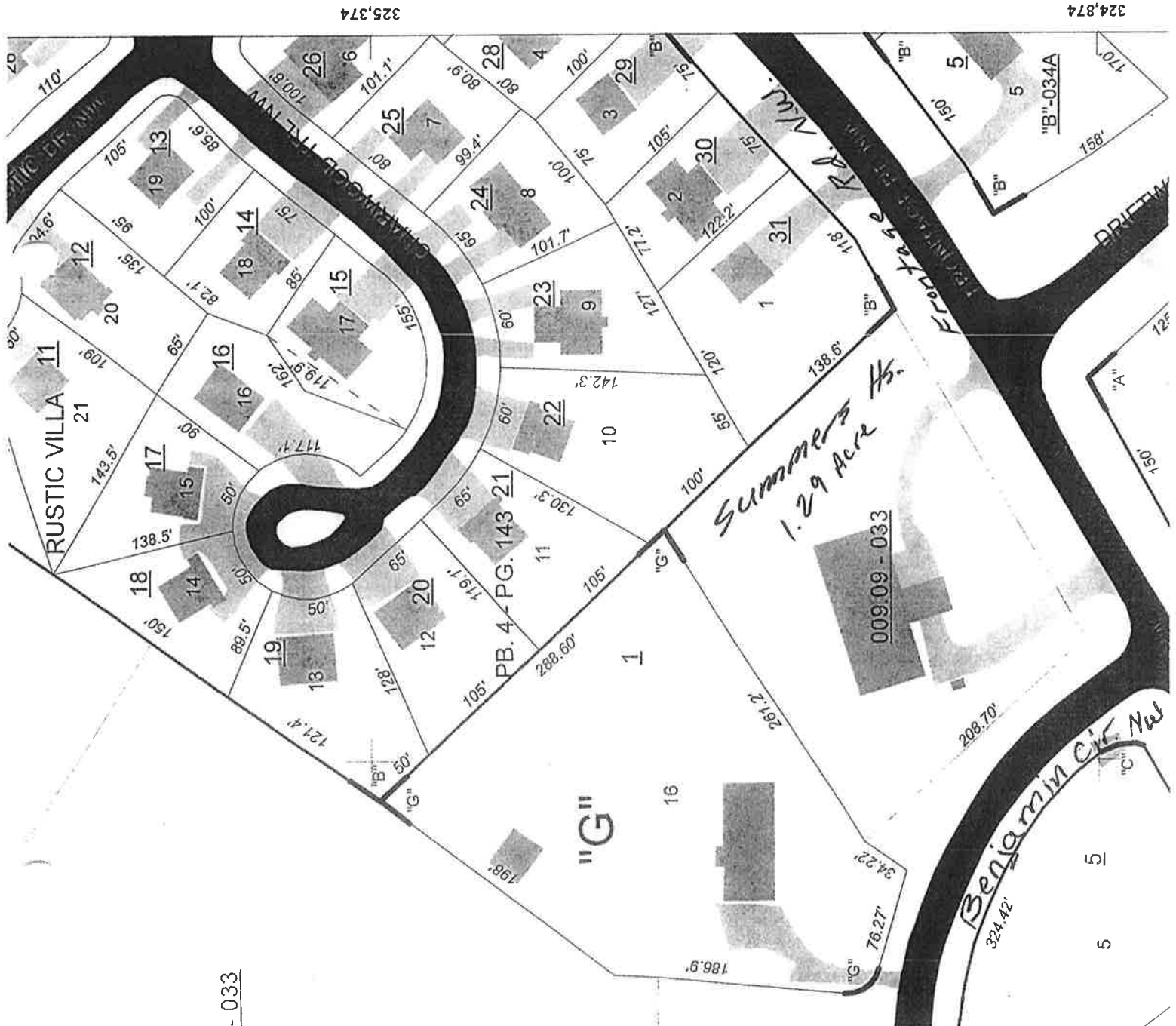
CARE & GROWTH HOME II – GH1
Square Footages

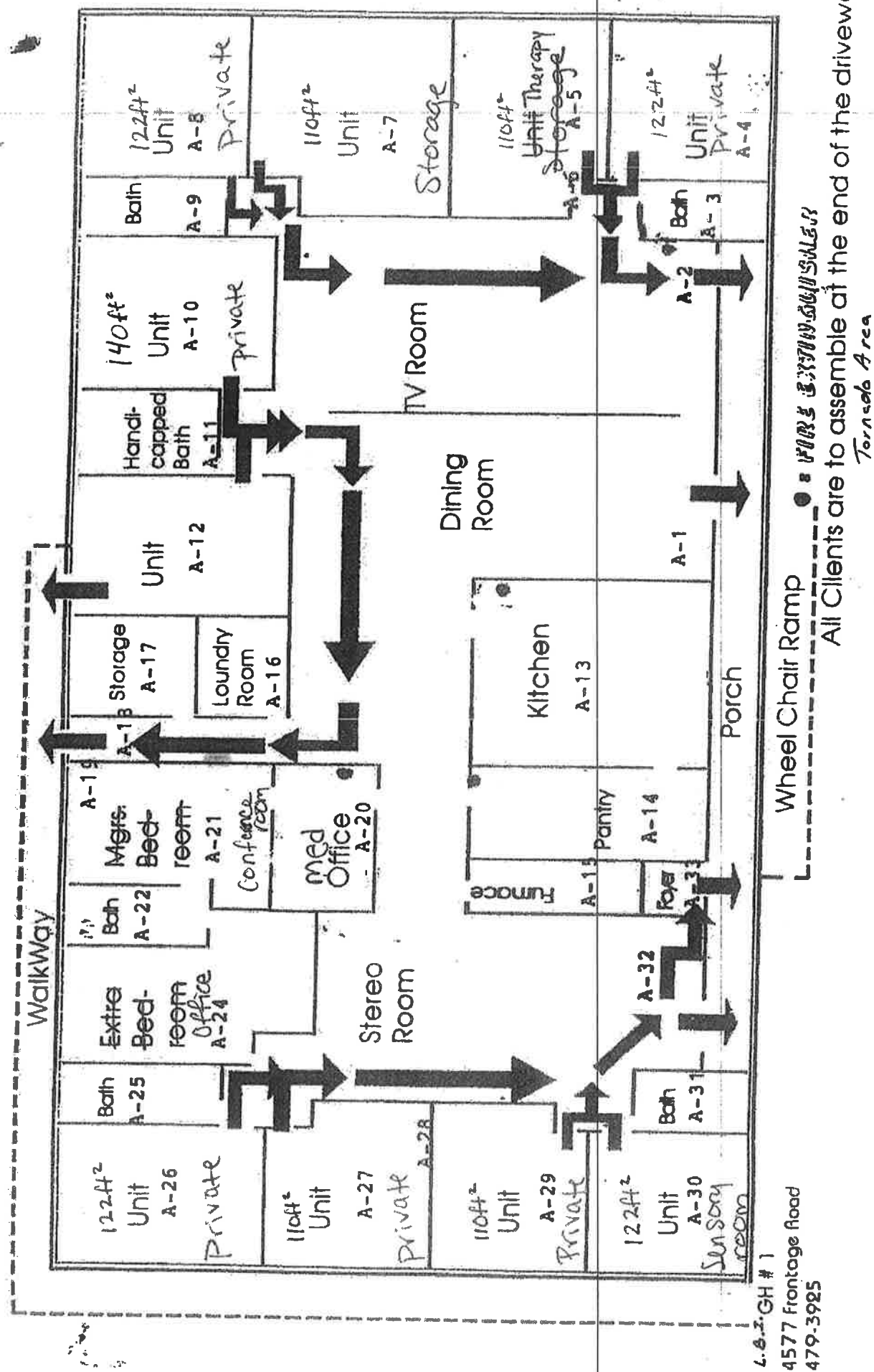
Walkways – 935sq'

Patio – 384sq'

Driveway – 6910sq'

Parking – 781sq'





L.B.Z. GH # 1

4577 Frontage Road
479-3925

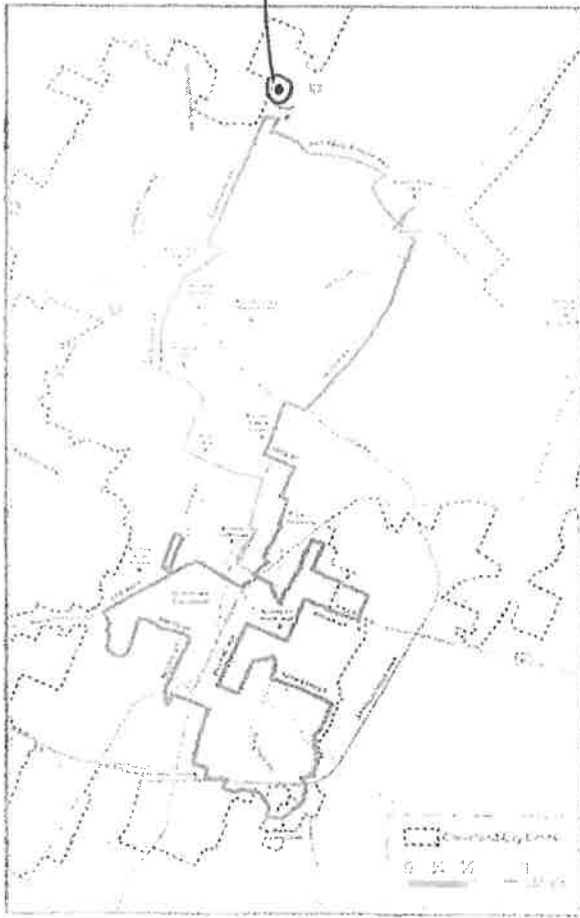
Wheel Chair Ramp

• IF YOU ARE VISITING, PLEASE
All Clients are to assemble at the end of the driveway
Tornado Area

69

Summers House

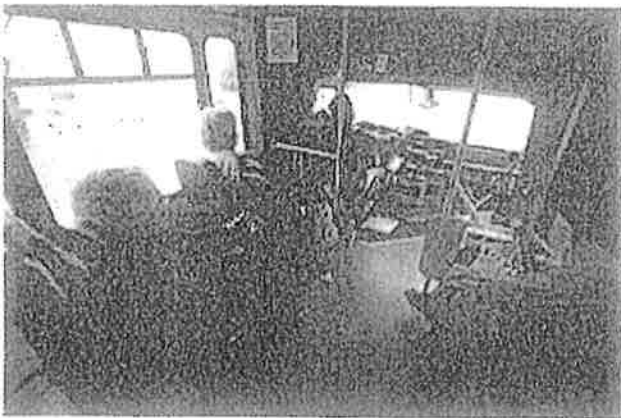
Routes | Cleveland Transit

Attachment Section A
6B-3

Timetable

The timetable shows estimated arrival times at different key locations along a route. To estimate what time the bus will arrive at your location, add one minute for each quarter-mile distance to the nearest bus stop. For additional assistance on route time schedules, please call CUATS at 423.478.1396.

Deviated Fixed-Route Service



If you cannot get to a designated bus stop, due to a handicap, the bus may be able to come to you. Deviated service is offered within one-half mile of all regular routes. Here's how it works: call CUATS 48 hours in advance to make Deviated Fixed Route reservation. The bus will deviate off the regular route, pick you up (or drop you off), and return immediately to the next scheduled stop. (Only two Deviated Fixed Routes are allowed per route, so be sure to place

your reservation for pick-up and drop-off.

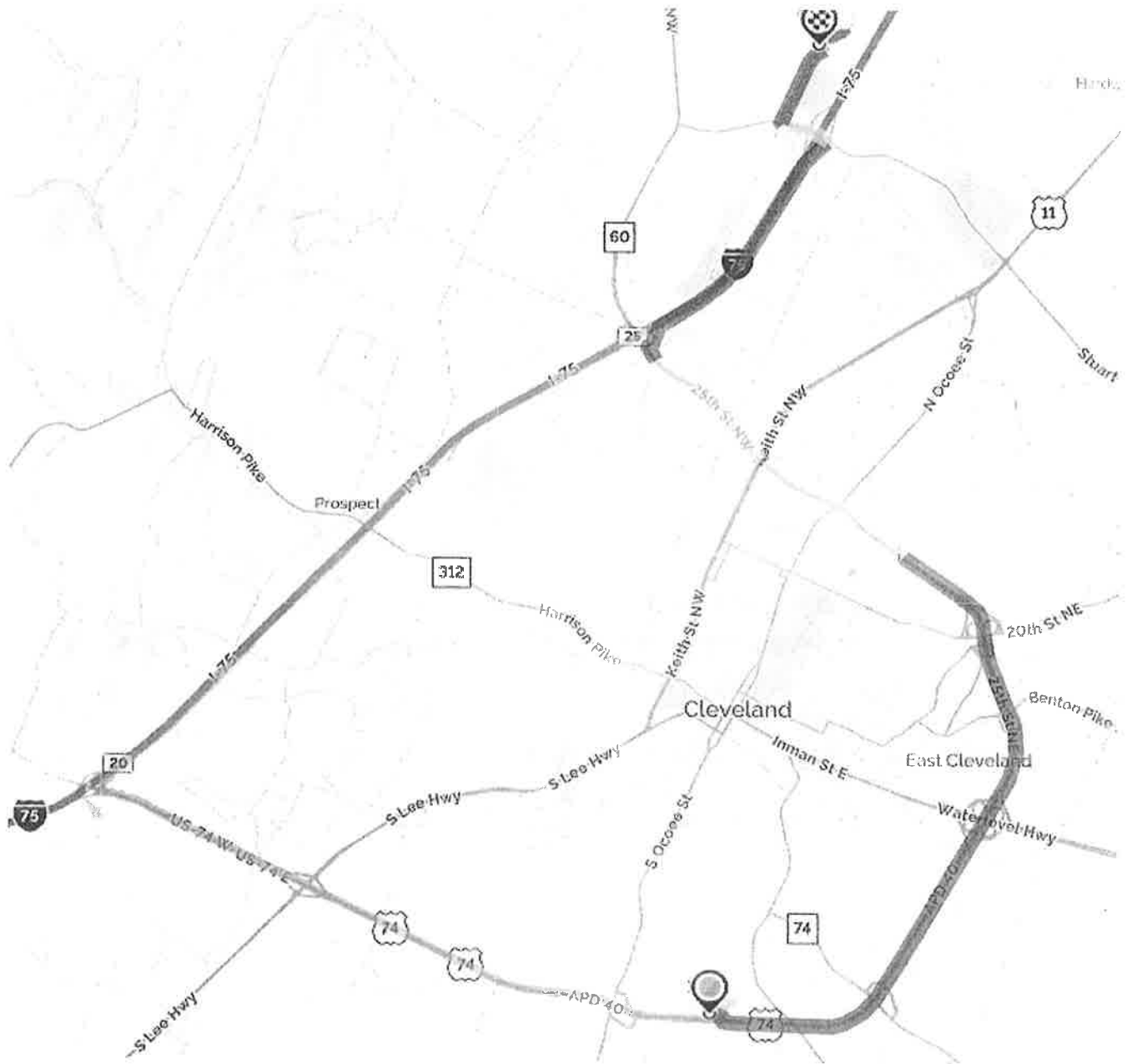
Download the Map and Schedule

[/images/CUATS brochure website.pdf](#)

Cleveland Urban Area Transit Agency | 165 Edwards Street | Cleveland, TN 37312
Tel: 423.478.1396 | © CUATS 2016 - All Rights Reserved - Powered by [Studio 31A](#)

Attachment Section A: 6B-3

mapquest



Book a hotel tonight and
save with some great deals!
(1-877-577-5766)



Car trouble mid-trip?
MapQuest Roadside
Assistance is here:
(1-888-461-3625)

Attachment Section A: 6B-3

mapquest

YOUR TRIP TO:

4755 Frontage Rd NW

17 MIN | 9.2 MI 

Est. fuel cost: \$0.73

Trip time based on traffic conditions as of 3:15 PM on June 6, 2017. Current Traffic: Heavy

Start of next leg of route



1. Start out going east on Bower Ln SE toward Blackburn Rd SE.

Then 0.06 miles

0.06 total miles



2. Turn right onto Blackburn Rd SE.

Then 0.04 miles

0.10 total miles



3. Turn left onto APD 40/US-74 E/US-64 Byp E. Continue to follow APD 40/US-64 Byp E.

If you reach Fritz St SE you've gone a little too far.

Then 2.43 miles

2.53 total miles



4. Stay straight to go onto TN-60.

Then 4.05 miles

6.57 total miles



5. Merge onto I-75 N toward Knoxville.

Then 1.53 miles

8.10 total miles



6. Take the Paul Huff Pkwy exit, EXIT 27.

Then 0.27 miles

8.37 total miles



7. Turn left onto Paul Huff Pkwy NW.

If you reach I-75 N you've gone about 0.3 miles too far.

Then 0.32 miles

8.69 total miles



8. Turn right onto Frontage Rd NW.

*Frontage Rd NW is just past Bernham Dr NW.**If you reach Candies Creek Ridge Rd NW you've gone about 0.6 miles too far.*

Then 0.55 miles

9.24 total miles



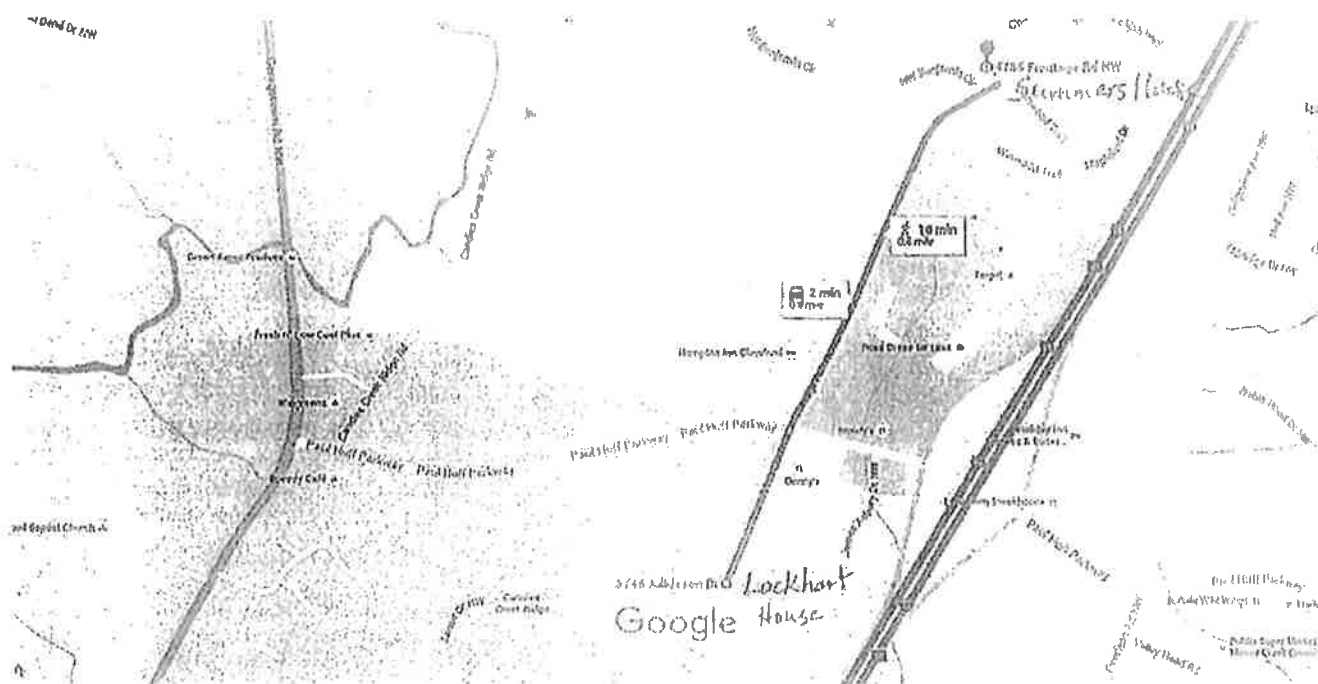
9. 4755 Frontage Rd NW, Cleveland, TN 37312-2910, 4755 FRONTAGE RD NW is on the left.

*Your destination is just past Benjamin Cir NW.**If you reach Driftwood Trl NW you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

Google Maps

3745 Adkisson Dr, Cleveland, TN 37312 to
4755 Frontage Rd NW

Drive 0.8 mile, 2 min



Map data ©2016 Google 500 ft

via Adkisson Dr and Frontage Rd NW
2 min without traffic

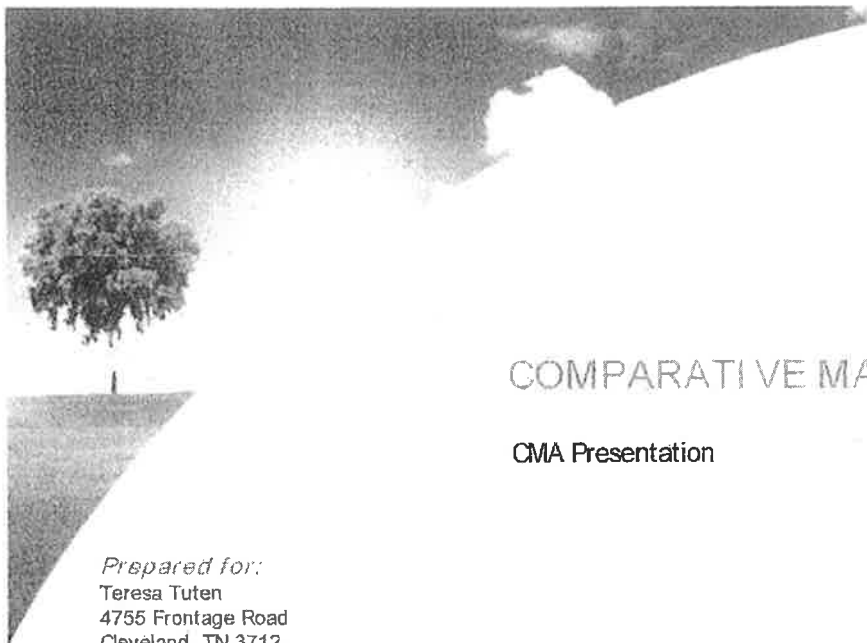
2 min
0.8 mile

via Adkisson Dr and Frontage Rd NW

16 min
0.8 mile

Google Maps

[illegible]



COMPARATIVE MARKET ANALYSIS

CMA Presentation

Prepared for:
Teresa Tuten
4755 Frontage Road
Cleveland, TN 3712

Tuesday, June 06, 2017

Prepared By:
Lee A Tate
Century 21 1st Choice
Realtors
2075 North Ocoee Street
Cleveland, TN 37311

Cell: 423-364-2085
leetate2709@yahoo.com

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COVER LETTER

Tuesday, June 06, 2017

Dear Ms. Tuten,

Thank you for giving me the opportunity to provide you with a market analysis of your property. Please keep in mind that I am not a licensed appraiser, but a licensed Realtor. My personal and professional opinions are drawn from public records and the local multiple listing service.

As previously mentioned, at the present time there are no known true comparables to the subject property considering its current use. Therefore I have generated a list of Active and Sold comparables using single family residential, multi-family, commercial and professional properties which are similar in age, size, amenities and location.

Considering size only, I estimate \$/p/sq/ft value to approximately \$83.- 89.

Based on my findings, I would suggest a current market value to be within the \$450,000-\$475,000 range.

Sincerely,

Lee Tate



www.leetate.com



COMPARABLE REPORT



Address	4755 Frontage Road	1850 Executive Park NW	2500 Executive Park Dr NW	1860 Executive Park Drive
Status	SUBJECT PROPERTY	ACTIVE	ACTIVE	ACTIVE
Original Price		\$595,000	\$409,900	\$469,900
Price		\$595,000	\$409,900	\$469,900
Sold Price				
Bedrooms	7 (or more)			
Full Baths	5 (or More)			
Approx. # Acres	1.25			
Basement				
Est. Fin Total Sq Ft	5,335			
Closing Date				
Public Remarks		Class A office space. Main floor has 11 offices, large kitchen, restrooms and 2 large decks off the rear of building. Lower level has 7 offices, large conference room, computer server room, large open work room and 2 restrooms. Beautiful views and very convenient to I-75.	Excellent condition! This impressive building boasts 5 suites with over 4300 sq ft with security systems, 100 MEG internet, kitchen, waiting room, conference rooms, private offices, plenty of parking, and if you don't need the entire building you can lease space! The back suite has a separate meter. The location is convenient to I-75 with easy access! Call for your private showing! Leases: Suite 2=\$1250 Suite 3=\$275 Suite 4=\$900 Suite 3 & 4=\$1200 Basement=\$650	Professional Office Building for Sale... the building consists of 7 exam rooms w/sinks. General office for filing and reception areas. Several bathrooms. Nurse office. Break room. Waiting room. Staff office. Private office with full bathroom. Several private offices. Kitchen. Operating room. Education/extra meeting room. Perfect for Health Care Facility. Two units! Storage. All with handicap access. Call listing agent for floor plan and details.
Adjusted Price	\$0	\$595,000	\$409,900	\$469,900



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COMPARABLE REPORT



Address	4755 Frontage Road	4526 Mouse Creek Road	5751 North Lee Highway	1185 Perimeter Drive
Status	SUBJECT PROPERTY	SOLD	SOLD	SOLD
Original Price		\$250,000	\$484,900	\$549,000
Price		\$220,000	\$462,500	\$460,000
Sold Price		\$220,000	\$462,500	\$460,000
Bedrooms	7 (or more)		4	
Full Baths	5 (or More)		3	
Approx. # Acres	1.25		2.42	
Basement			None	
Est Fin Total SqFt	5,335		5,427	
Closing Date		8/17/2015	7/8/2016	1/5/2016
Public Remarks		Eight or more offices, large meeting room, full kitchen, 2 bathrooms, 2 entrances, 23 parking spaces, great high traffic location.	Fabulous find in the city. Pool House heated & cooled, separate garage/work shop heated & cooled.	Beautifully built 4800 square feet, Commercial building great location and traffic count! Make it a must see today! List price is \$545,000 w/ an opening bid of \$395,000. Property may be sold any time prior to event. For ALL showings call 666-344-2100. Buyers Fee equal to 2% or \$2,000, whichever is greater, to be added to high bid to determine final sale price. Est of 5% of the final sale price due from high bidder on day of auction/offer. Offers are subject to Seller's approval. Property is bank owned and being sold as-is, where-is. See Bidder's Packet on Micoley.com for additional disclosures and details. Broker name and License # _____ Auctioneer Name and # _____
Adjusted Price	\$0	\$220,000	\$462,500	\$460,000



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COMPARABLE REPORT



Address	4755 Frontage Road	3405 Westside Drive NW	2211 Woodcreek Drive NW	3041 Addison Drive NW
Status	SUBJECT PROPERTY	SOLD	SOLD	SOLD
Original Price		\$449,000	\$589,900	\$261,500
Price		\$435,000	\$564,000	\$261,500
Sold Price		\$435,000	\$564,000	\$261,500
Bedrooms	7 (or more)		3	
Full Baths	5 (or more)		3	
Approx. # Acres	1.25		8.24	-1
Basement			Crawl Space	
Est Fin Total SqFt	5,335		3,900	
Closing Date	12/10/2015		5/30/2017	2/28/2016
Public Remarks		Investors Dream! One 5 unit and one 4 unit apartment building with two bedrooms and 1.5 baths each unit. 7 of 9 units have been recently updated with new plumbing and electrical fixtures, flooring, paint, new or refinished cabinets and new appliances. Produces an annual income of \$59,000. Convenient location close to Cleveland State.	RARE FIND IN THE CITY OF CLEVELAND!! Prestigious and Immaculate, Brick Home with an estimated 3,900 +/- Sq. Ft. of Living Space on 8.24 Lush Acres Situated in the Privacy of a Cul-de-sac, with Two Stocked Ponds, Creek and Custom Designed Gazebo for ONLY \$589,900!!! Home features: Covered Front Porch, Grand Foyer Entrance, Guest Powder Room, Formal Dining Room with Tray Ceiling, Living Room with Fireplace, Surrounded by Marble, The Ultimate Kitchen Recently Remodeled to include Stainless Knobs and Pulls, Whirlpool Gold Electric Cooktop with Dual Zone Elements, Stainless Cooktop Range Hood, Stainless Kitchen-Aid Built in Double Oven with Convection, Solid Surface Countertops, Pantry, Tons of Cabinet Space and a Breakfast Nook that Provides a Breathtaking View of Nature, Sunroom with New Wood Flooring and Built-Ins. Unbelievable, Luxurious Master Suite, Includes, Seating Area, Vaulted Ceiling with a Crystal Chandelier that Creates a Color Show with the Setting Sun, Antique Wood Mantle Fireplace and Walk-In Closet. Adjoining Spa Like, Master Bath with Jetted Tub, Double Sink Vanity. Separate Marlin	Fully Occupied Triplex, Great Location in Cleveland NW.



www.leeestate.com



COMPARABLE REPORT



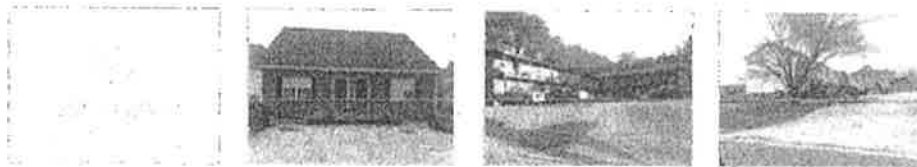
Address	4755 Frontage Road	333-343 19th Street	1705-1709 Clemmer Street	3552 Ramblewood Circle
Status	SUBJECT PROPERTY	SOLD	SOLD	SOLD
Original Price		\$375,000	\$395,000	\$400,000
Price		\$375,000	\$395,000	\$400,000
Sold Price		\$375,000	\$395,000	\$400,000
Bedrooms	7 (or more)			4
Full Baths	5 (or More)			4
Approx. # Acres	1.25	-1	-1	3.79+-
Basement				Full
Est Fin Total SqFt	5,335			6,772
Closing Date		6/24/2016	4/27/2016	7/24/2015
Public Remarks		Pre-Sold	INVESTORS TAKE A LOOK! Great income property close in. Two buildings with a total of 12 units. Each has 1 bedroom/1 bath, all on one level. Convenient to Lee University. All brick, newer roof on both buildings. Total monthly income when full \$4450. Averaging 94% occupancy rate	Unbelievable opportunity!!! The quality here is totally top shelf: mostly wood and tile floors, crown moulding throughout, custom built-ins and millwork in every room, 2 gorgeous and large fireplaces, Pella windows and doors, granite kitchen countertops and lots of cabinets, butler's pantry, 4 CH&A systems, 2 septic systems, and lots more. Master suite has a huge master bath. Each bdrm. has its own full bathroom, and lots of windows to view of the stocked lake behind the home. New Carpet upstairs & fresh paint throughout. And not to mention the wonderful covered patio & deck on the overlooking lake as well. Buyer to verify square footage
Adjusted Price	\$0	\$375,000	\$395,000	\$400,000



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COMPARABLE REPORT



Address	4755 Frontage Road	2835-2837 Michigan Avenue Road	1215 Collegeview Drive NW	3411 Old Tasso Road
Status	SUBJECT PROPERTY	ACTIVE	ACTIVE	ACTIVE
Original Price		\$329,500	\$349,900	\$499,900
Price		\$329,500	\$349,900	\$499,900
Sold Price				
Bedrooms	7 (or more)			
Full Baths	5 (or More)			
Approx. # Acres	1.25	-1	Unknown	0.73
Basement				
Est Fin Total SqR	5,335			
Closing Date				
Public Remarks		Two, Duplex Town Houses. A total of 4 units, all rent for \$650	1215 Collegeview Drive NW, Cleveland, TN 12 Unit Apartment Building Built in 1968 - Very Close To College, Interstate, Industry, Shopping, Dining, And Entertainment. 10 One Bedroom Units Rent For \$395, 1 Efficiency Rents For \$215, And 1 Two Bedroom Rents For \$460.	Rents range from \$500 to \$550
Adjusted Price	\$0	\$329,500	\$349,900	\$499,900

Multi-Class Summary Statistics

	HIGH	LOW	AVERAGE	MEDIAN
Price:	\$595,000	\$250,000	\$427,226	\$409,900
Selling Price:	\$564,000	\$220,000	\$397,000	\$400,000
Adj Price:	\$595,000	\$220,000	\$415,140	\$409,900



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CMA SUMMARY REPORT

RESIDENTIAL Summary Statistics				
	HIGH	LOW	AVERAGE	MEDIAN
Price:	\$589,900	\$400,000	\$491,600	\$484,900
Selling Price:	\$564,000	\$400,000	\$475,500	\$462,500
Adj Price:	\$584,000	\$400,000	\$475,500	\$462,500

RESIDENTIAL - SOLD							
ADDRESS	Bd Rms	Full Baths	Close Date	App # Acre	DOM	LP	SP
3552 Ramblewood Circle	4	4	7/24/2015	3.79+/-	57	\$400,000	\$400,000
5751 North Lee Highway	4	3	7/8/2016	2.42	38	\$484,900	\$462,500
2211 Woodcreek Drive NW	3	3	5/30/2017	8.24	152	\$589,900	\$564,000
Total Listings					Avg	Avg	Avg
3					82	\$491,600	\$475,500


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CMA SUMMARY REPORT

MULTI-FAMILY Summary Statistics				
	HIGH	LOW	AVERAGE	MEDIAN
Price:	\$499,900	\$261,500	\$368,466	\$362,450
Selling Price:	\$395,000	\$261,500	\$343,833	\$375,000
Adj Price:	\$499,900	\$261,500	\$368,466	\$362,450

MULTI-FAMILY - Active									
ADDRESS	No. 1 Bed	No. 2 Bedr	EstYrBuilt	Close Date	SqFt/ Acr	DOM	LP	PrcSqft	
2835-2837 Michigan Avenue Road			2000			53	\$329,500		
1215 Collegeview Drive NW	10	1	1968			127	\$349,900		
3411 Old Tasso Road		8	1998			419	\$499,900		
Total Listings						Avg	Avg	Avg	
3						199	\$393,100		

MULTI-FAMILY - SOLD										
ADDRESS	No. 1 Bed	No. 2 Bedr	EstYrBuilt	Close Date	SqFt/ Acr	DOM	LP	PrcSqft	SP	PrcSqft
3041 Adkisson Drive NW			2004	2/29/2016		0	\$261,500		\$261,500	
333-343 19th Street		6	1989	6/24/2016		43	\$375,000		\$375,000	
1705-1709 Clemmer Street	12		1964	4/27/2016		365	\$395,000		\$395,000	
Total Listings						Avg	Avg	Avg	Avg	Avg
3						136	\$343,833		\$343,833	


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CMA SUMMARY REPORT

COMMERCIAL-INDUSTRIAL Summary Statistics

	HIGH	LOW	AVERAGE	MEDIAN
Price:	\$595,000	\$250,000	\$453,800	\$459,450
Selling Price:	\$460,000	\$220,000	\$371,666	\$435,000
Adj Price:	\$595,000	\$220,000	\$431,833	\$447,500

COMMERCIAL-INDUSTRIAL - Active

ADDRESS	MLS #	Status	Area	Sale/ Rent	EstSq.Ft.	DOM	LP	PrcSqft
1850 Executive Park NW	20170658	ACT	NW1	For Sale	5,824	117	\$595,000	\$102.16
2500 Executive Park Dr NW	20171488	ACT	NW1	For Sale	4,342	78	\$409,900	\$94.40
1860 Executive Park Drive	20165784	ACT	NE1	For Sale	7,434	250	\$469,900	\$63.21
Total Listings						Avg	Avg	Avg
3						148	\$491,600	\$86.59

COMMERCIAL-INDUSTRIAL - SOLD

ADDRESS	MLS #	Status	Area	Sale/ Rent	EstSq.Ft.	DOM	LP	PrcSqft	SP	PrcSqft
4526 Mouse Creek Road	20151785	SLD	NW1	For Sale	3,648	135	\$250,000	\$68.53	\$220,000	\$60.31
3405 Westside Drive NW	20155121	SLD	NW1	For Sale	7,488	87	\$449,000	\$59.96	\$435,000	\$58.09
1186 Perimeter Drive	20141760	SLD	SE1	For Sale	4,800	634	\$549,000	\$114.38	\$460,000	\$95.83
Total Listings						Avg	Avg	Avg	Avg	Avg
3						285	\$416,000	\$80.96	\$371,666	\$71.41


www.lestate.com




Lee Tate
Affiliate Broker
423-478-2332
leestate2709@yahoo.com

Powered by

Owner Name	Subdivision	Lot	Acres	Building Sq. Feet	Last Sale Date	Last Sale Price	Year Built
305 6th St NE							
Cleveland, TN 37311-5207							
Comercla Bank & Trust National Association Trustee				4,640	10/14/2016	\$400,000	1988
100 Amherst Way NW							
Cleveland, TN 37312-3142							
Hamilton Barton T Hamilton Valerie M	Amherst Estates	15	2.33	3,975	11/21/2016	\$444,000	2001
1100 Benton Dr NW							
Cleveland, TN 37312-3362							
Burris Robert Dee Thomas Cla				6,598	09/14/2015	\$525,000	1991
4020 Bow St NE							
Cleveland, TN 37312-4907							
Bear Taylor Clay Bear Tara Morrell	Bowman Forest	25		3,989	03/17/2017	\$460,000	1984
3258 Cumberland Hills Cir NW							
Cleveland, TN 37312-2449							
Munck Markietta	Cumberland Hills	31		3,934	03/11/2016	\$525,000	2005
1631 Guthrie Dr NW							
Cleveland, TN 37311-3647							
Patel Dipak H Patel Varsha D	Guthrie Second-Georg	10Pt73/8		7,760	04/08/2016	\$540,000	1978
316 Mallard Trl NW							
Cleveland, TN 37312-7540							
Fino Bridget S Fino Joseph M	Mallard Cove Phase I	27	0.76	4,834	12/15/2016	\$415,000	2004
3098 Mountain Pointe Dr NW							
Cleveland, TN 37312-2150							
Boovarhamoorthy Vijay Ramakrishnan Aarthi	Mountain Pointe	15	0.75	4,228	07/20/2016	\$446,000	2005
5751 N Lee Hwy							
Cleveland, TN 37312-4531							
Gilliland Charley R Gilliland Kari H	D A Jones	4	2.42	4,387	07/08/2016	\$462,500	1989
1186 Perimeter Dr SE							
Cleveland, TN 37323-6007							
Hometown Folks LLC	Southfork Add Rev	2		4,800	01/05/2016	\$460,000	2002
3552 Ramblewood Cir NW							
Cleveland, TN 37312-1722							
West Kenneth F Jessica West	Ridgewood	11/Pt10	2.63	4,746	07/15/2015	\$400,000	1992

2917 Vance Dr NW**Cleveland, TN 37312-1983** 

Taylor Thomas Clarke

Villa Hgts Subdivisi

107

3,977

03/30/2017

\$434,000

1972

3405 Westside Dr NW**Cleveland, TN 37312-3472** 

Ownbey Randy Susan

0.65

7,488

12/10/2015

\$420,000

1979

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Information Deemed Reliable But Not Guaranteed.

A5-a-d

**Life Bridges, Inc.**

**P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492**

Nationally Accredited Rehabilitation Services: CARF

June 7, 2017

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN, 37243

To whom it may concern:

This project is intended to relocate six individuals served in an ICF/IID home (2,400 square feet) to a larger location (5,335 square feet) which will be better suited to their needs. Renovation of the existing (Summers House) will involve installing a fire sprinkler system throughout the facility meeting all State and local fire codes (estimated cost \$84,700.00). The existing fire panel will be upgraded to accommodate existing smoke detectors (estimated cost \$1,053.00), any supervisory alarms related to the sprinkler system and notification of local fire authorities. Electrical upgrades (estimated cost \$1,747.00) will be completed as necessary to accommodate the new fire systems and heat for the riser room and Hot Box housing the backflow check valve and FDC located in the front yard to prevent freezing. Renovation of the interior to include but not limited to the widening and installation of 17 doors, widening access to the handicap bath room, install fire rated attic access doors and painting throughout, re-landscape the areas disturbed by the installation of the underground for the sprinkler system (estimated cost \$30,700.00). Miscellaneous costs are estimated at \$11,800.00. This leaves a total renovation cost of \$130,000.00 which is \$24.36 per square foot.

The physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

Sincerely,

Larry Mileur
Director of Maintenance and Property Management
Life Bridges, Inc.

BUILDING CODE ON-SITE-REVIEW CHECKLISTDate: 8 June '17 Name of Project: SUMMERSName of Owner: BRADLEY/CLEVELAND PROPERTY DEVELOPMENTProperty Address: 4755 FRONTAGE ROAD
CLEVELAND, TN.Occupancy Classification: INSTITUTIONAL Occupant Load Calculation: 25

Construction Type (Circle One):

I-A I-B II-A II-B III-A III-B IV V-A V-BSquare Footage: 5335 Largest Floor Square Footage: 5335 Total # Floors: 1Sprinkler System YES ☒ NO Alarm System: YES ☒ NOEXTERIOR:

- ☒ 1. Fire Department access 20 ft. wide with 13'-6" vertical clearance.
- ☒ 2. A fire department access road shall be provided so as to extend to within 50 feet of a single exterior door providing access to the interior of the building.
- ☒ 3. Fire hydrants must be provided so that any portion of the building's exterior is within 500 feet hose lay of a hydrant measured along vehicle access route.
- NO 4. Fire hydrant locations for average conditions must be installed at least 40 feet from the building to be protected.
- N/A 5. Proper distance required between buildings and provide protection of facing walls and openings.
- ☒ 6. At least one accessible route, minimum 48" wide.
- ☒ 7. The slope of a walk may not exceed 8.33% (ramp) and must have a continuous common surface not interrupted by steps or abrupt changes in grade level greater than 1/2". Handrails required on both sides, unless slope is 1 in 20 (5%) or less.
- ☒ 8. Ramps & stairs serving as means of egress shall have one open side.
- N/A 9. Walks or floors 30" or more above a floor or grade require a guardrail on open sides.
- ☒ 10. Walks terminating at doors must have a 5'-0" x 5'-0" level platform that extends a minimum of 18" to the latch side.
- ☒ 11. Provide handicap parking spaces at the rate of 1 to 25 spaces.
- NO 12. Handicapped parking space shall have a ground sign of proper design.
- ☒ 13. Handicap parking spaces must be within 200 feet of accessible entrance.
- ☒ 14. Building shall have address numbers plainly & legibly displayed on street side.
- ☒ 15. Roof, canopy or mechanical condensate water shall not flow over a public walking surface.

BUILDING CODE ON-SITE-REVIEW CHECKLISTINTERIORNO

1. Building exceeds allowable area / number of stories / height for this type of occupancy and construction.

N/A

2. Firewall must be four-hour rated and must be constructed in such a way that the wall will remain standing after the collapse of the structure on either side. Wall must extend minimum three feet above combustible roof. The firewall must extend not less than 18 inches past any combustible projection or extension.

N/A

3. Columns, floors, roofs, exterior and interior walls and girders must be protected.

N/A

4. Provide a one hour fire resistant floor over any crawl space or basement in Type V unprotected construction.

N/A

5. Openings within 15 feet of a property line must be equipped with opening protection devices.

NO

6. Provide attic access openings (minimum 22 inches by 36 inches) and attic ventilation within each draft-stop area.

N/A

7. Provide ____ hour fire rated separation between _____ & _____

N/A

8. One-hour fire rated tenant separation is required horizontally and vertically. Such separation must extend through usable crawl space to the ground below.

✓

9. Fire rated walls must extend tight against the underside of a roof or floor deck or to the underside of a rated smoke tight ceiling which has the same rating as the wall (e.g., two layers of 5/8 inch, rated gypsum panels at the ceiling for tenant separation, one hour storage or janitor spaces, and one or two hour rated walls turned horizontally and anchored to the walls for corridors, elevator, stair, and breezeway ceilings).

N/A

10. Equipment recessed in a rated wall must not decrease the rating of that wall.

✓

11. Glazing in non-rated doors, sliding doors, storm doors, within 24 inches of doors, 18 inches above finished floor, and exceeding 9 square feet within 36 inches of walking surface must be safety glazed, tempered.

N/A

12. Glazing in fire rated doors must be wired glass or other tested glazing material, and must be limited in size according to door rating.

N/A

13. A chair rail or other visual barrier is required at glass panels that may be mistaken for door.

✓

14. Fire rated doors must have fire rated frames, hardware, closers, and other rated accessories.

✓

15. Closers and positive latching are required on fire rated doors and doors in smoke tight partitions or barriers.

N/A

16. Concession stands must maintain corridor wall rating. Roll-up doors must be activated by smoke detectors.

✓

17. Rooms 50 square feet or greater that are used for storage, any size janitor closets, all rooms used for storage of hazardous materials, and gas furnace rooms must be one hour enclosed with 45-minute rated doors or must be protected by automatic sprinklers with smoke tight partitions and solid doors with self closers.

NO

18. Laundry rooms, maintenance shops including woodworking and painting areas, spaces where combustible supplies are used or processed, and spaces where hazardous materials or flammable or combustible liquids are used or processed must be one hour enclosed with 45-minute rated doors and must be protected by automatic sprinklers with smoke tight partitions and doors with closers.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

- N/A 19. Fuel fired water heaters with an aggregate input capacity that exceeds 200,000 BTU or 210° F or 120 gallons or rooms 50 square feet and greater must be enclosed in one-hour construction.
- N/A 20. Central heating boiler must be enclosed with two hour rated construction.
- N/A 21. A shaft that does not extend to or through the underside of the roof deck of the building must be enclosed at the top with construction of the same fire resistance as the top most floor protected by the shaft, but not less than the rating required for the shaft enclosure.
- N/A 22. Elevators, shafts, and machine rooms must be enclosed with fire resistant construction.
- N/A 23. Elevators and dumbwaiter hoistway doors and frames must be labeled.
- N/A 24. Atriums must meet requirements of NFPA 101 (8.6.7). The entire building must be sprinkled with smoke control in the atrium.
- N/A 25. Vertical opening connecting three stories or less must comply with NFPA 101 (8.6.6, 12.3.1). Legitimate stages must be constructed of materials of Type I construction. Construction of permanent platforms, and regular and thrust stages must be consistent with the building construction type.
- N/A 26. Legitimate stages must have a minimum two-hour rated proscenium wall.
- N/A 27. Stages exceeding 1000 square feet, dressing rooms, workshops, and storage rooms must be separated from each other by minimum one-hour construction with 45-minute doors.
- N/A 28. Regular stages in excess of 1000sf and legitimate stages shall be provided with emergency ventilation to provide a means of removing smoke and combustion gases directly to the outside in the event of a fire.
- N/A 29. Projection room construction must be consistent with building's construction type.
- N/A 30. Projection room must have not less than 80 square feet for a single machine and 40 square feet for each additional machine.
- N/A 31. Projection openings cannot exceed 25% of the wall between the projection room and auditorium.
- ☒ 32. Provide accessible means of egress incorporating areas of refuge.
- ☒ 33. Travel distance to reach an exit must not exceed 200 feet in an un-sprinkled building or 250 feet in a fully sprinkled building.
- ☒ 34. Dead ends in corridors and aisles are limited to 20'-0".
- ☒ 35. The minimum number of means of egress from any story or portion thereof, based on occupancy, shall be as follows:
- | | |
|-----------------|-------|
| 1 - 500 = | two |
| 501 - 1000 = | three |
| 1001 and over = | four |
- ☒ 36. Main and secondary exits must each accommodate one-half of the occupancy load.
- ☒ 37. Maximum travel distance to an exit is 200 feet in un-sprinkled building..
- N/A 38. Exit stair enclosure must be two hour rated in assembly occupancy. Exterior stairs must be separated from the interior of the building with the same rating required for interior stairs.
- N/A 39. Enclosed, usable space underneath a stair shall be 1-hr. rated construction.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

- N/A 40. An exit enclosure shall provide a continuous protected path of travel to an exit discharge.
- N/A 41. Exit stairwell doors must be 1 ½ hour fire rated.
- N/A 42. Width of stairs must comply with occupancy type & load, but a minimum of 44" unless occupant load is less than 50; then the minimum width is 36".
- N/A 43. Minimum headroom clearance in stair enclosures must be 6'-8" and in the means of egress 7'-6".
- N/A 44. Stair treads must be minimum 11 inches and risers must be maximum 7 inches but not less than 4 inches without square nosing.
- N/A 45. Changes in elevation of less than 21 inches in the means of egress must be by ramp or stair. The stair shall include handrails, 13-inch treads and readily visible treads.
- N/A 46. Handrails and guards must be in accordance with NFPA 101 (7.2.2.4), such as 34" and 42" to top of handrails and guards; handrails on both side of stairs; 23" minimum handrail extension on wall side at bottom of stair; and four inch maximum diameter sphere for intermediate rails in guards.
- N/A 47. Stairs serving upper floors must be separated by a barrier to prevent travel beyond the level of exit discharge.
- N/A 48. Maximum stair rise to a floor or landing shall be 12'-0".
- N/A 49. Normally unoccupied spaces and hazardous areas may not open into an exit stairwell or exit passageway.
- N/A 50. Not more than 50% of the exits may discharge through areas on the level of discharge unless all of the exceptions are met.
- N/A 51. Door swing may not reduce landing to less than one-half its required width.
- N/A 52. Stairwells must be at least ten feet from adjacent property lines and other buildings on the same lot unless openings are protected by 3/4 hour fire resistant door or windows.
- N/A 53. Doors, windows, and openings within ten feet horizontal projection and extending vertically from the ground to a point ten feet above the topmost landing must be 3/4 hour protected, and the stairs must be separated from the interior of the building by one hour construction.
- N/A 54. Rooms containing high-pressure boilers, commercial refrigeration machinery, large transformers or other service equipment subject to possible explosion must not be located directly under or adjacent to required exits from an assembly area.
- N/A 55. Egress may not be through any space identified as a hazardous location.
- N/A 56. Two means of egress must be provided from boiler, incinerator, or furnace rooms which exceed 500 square feet and fuel fired equipment, which exceeds 400,000 BTU input capacity. Maximum distance of travel to an egress door must not exceed 50 feet.
- ✓ 57. Corridors must have a minimum clear unobstructed width based on occupancy type & load.
- ✓ 58. Corridors serving 30 people or more must be one hour rated with 20-minute door assembly including frame and hardware. Corridors may be rated at 30-minutes with 20-minute door assemblies in fully sprinkled buildings.
- ✓ 59. The floor on both sides of any door must be substantially level and may not vary more than 1/2 inch for a distance at least equal to the width of the widest leaf.
- ✓ 60. Each leaf of door in the means of egress must provide 32 inches clear opening and a minimum

BUILDING CODE ON-SITE-REVIEW CHECKLIST

height of 6'-8", but in no case may any single door exceed 48 inches.

- N/A 61. Doors serving 50 or more people and stairway doors must swing with the direction of exit travel.
- N/A 62. Every room or space with a capacity of more than 50 persons or where travel distance exceeds 75 feet within the room must have at least two means of egress.
- N/A 63. Folding partition requires a walk-thru door between the two areas.
- N/A 64. Panic hardware is required on all doors with a latch or lock in the means of egress from an area having an occupant load of 100 or more.
- N/A 65. Power operated doors must be capable of being manually opened to permit exit travel in the event of a power failure.
- N/A 66. Astragals are not permitted on doors with fire resistance of B -1 1/2 hour or less in means of egress that swing in the same direction.
- N/A 67. Astragals and coordinators are required on more than 1 1/2 hour fire rated doors swinging in pairs.
- N/A 68. Balconies or mezzanines having an occupant load not exceeding 50 shall be permitted to be served by a single means of egress, and such means of egress shall be permitted to lead to the floor below.
- N/A 69. Balconies or mezzanines having an occupant load exceeding 50 but not exceeding 100 shall have not less than two remote means of egress, but both such means of egress shall be permitted to lead to the floor below.
- N/A 70. Balconies or mezzanines shall have two means of egress, unless exempted or requiring more as described in NFPA 101 (7.4.1, 12.2.4.7).
- N/A 71. All porches, balconies, raised floor surfaces or landings over 30" must have guardrails.
- N/A 72. Projection room must have one out swinging, self-closing door not less than 30" by 6'-8" high.
- N/A 73. Every assembly area shall have the occupant load posted in a conspicuous place near the main exit of the room on a permanent sign.
- ☒ 74. Interior finish of vertical exits and exit access must have a Class A flame-spread rating in un-sprinkled buildings.
- N/A 75. Interior finish in general assembly areas with occupant loads of more than 300 must be Class A or B and assembly spaces with 300 or fewer occupants must be Class A, B, or C In un-sprinkled buildings.
- N/A 76. Screens on which pictures are projected must comply with requirements of Class A or B interior finish.
- N/A 77. Fixed or moveable walls and partitions, paneling, wall pads and crash pads, applied structurally or for decoration, acoustical correction, surface insulation or other purposes; must be Class A or B in un-sprinkled buildings.
- N/A 78. Carpet on floors in corridors, stairs, and lobbies of un-sprinkled buildings must withstand 0.22 watts/cm², Radiant Panel Test (Class II).
- N/A 79. Carpet on walls & ceilings must be Class A.
- N/A 80. Folding partitions must comply with interior finish rating requirements.
- N/A 81. Proscenium curtains on legitimate stages must be 20 minute fire and smoke resistive and must shut

BUILDING CODE ON-SITE-REVIEW CHECKLIST

automatically upon the detection of smoke.

- ☒ 82. Exits cannot pass through a hazardous area (kitchen, storage, mechanical, etc.).
- ☐ N/A 83. Minimum clearance between rows of seating shall be 12", up to 14 seats & then shall increase per additional seat.
- ☐ N/A 84. Maximum seats on a dead-end aisle shall be 7.
- ☐ N/A 85. Minimum aisle width shall be determined by total occupant load & number of aisles.
- ☒ 86. Portable fire extinguishers must be provided & be within 75 feet travel distance.

HANDICAP ACCESSIBILITY

- ☒ 1. A ramp slope must be no greater than 1 in 12 and have handrails both sides.
- ☒ 2. Exterior ramps must have a clear width of 48" and interior ramps must have a clear width of 36". Ramps in a means of egress shall be the same minimum width as corridors.
- ☒ 3. Landings at top & bottom of ramps and at changes in direction must be minimum of 60" x 60".
- ☐ N/A 4. Ramp handrails must be 34" above surface, 1 ¼ to 1 ½" round & extend 12" at top and bottom.
- ☒ 5. Doors must have a clear opening of 32" at full open position.
- ☒ 6. Glass doors must have a 7 ½" bottom rail.
- ☐ N/A 7. The distance between two sets of doors must be minimum of 7'-0".
- ☒ 8. A partition at the strike side of an interior or exterior door must be 12" or 18" clear, respectively.
- ☐ NO 9. A textured surface required on door handles to hazardous areas.
- ☐ N/A 10. Vision panels in corridor doors must be 40" off floor & minimum of 30" high.
- ☐ N/A 11. Steps in stairs must not have square nosing.
- ☒ 12. Floors on a story must be on a common level or connected by ramps.
- ☒ 13. On every floor where toilets are provided for men & women, 1 of each fixture type to be accessible.
- ☒ 14. Toilet stalls shall provide minimum depth of 72" & a 60" diameter clear area.
- ☒ 15. The swing of a toilet room door may overlap clear areas by 12" maximum.
- ☒ 16. Adult water closet seat to be between 16 ½" & 19 ½".
- ☒ 17. Grab bars required at each accessible fixture.
- ☒ 18. Lavatories to have a clear floor space of 30" x 48" & under piping to be protected.
- ☒ 19. Lavatory counter top between 34" & 36" with 29" clear knee space.
- ☒ 20. Lavatory water activation by lever, blades or electronic.
- ☐ N/A 21. Urinals to have a clear floor space 30" x 48" with rim maximum of 17" above floor.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

- ✓ 22. Towel bars & other accessories to be maximum of 48" above floor.
- N/A 23. Water fountains to have front controls, by hand and foot or electronic.
- N/A 24. Water fountains to have clear floor area 30" x 48" with basin at 34" above floor.
- N/A 25. An elevator or wheelchair lift is required for this building.
- N/A 26. Accessible seating must be provided in assembly spaces.
- NO 27. Tactile exit sign required at a door to stair, passageway or exit discharge.

MECHANICAL:

- N/A 1. Penetrations of stairwells such as steam lines, gas lines, water lines, electrical conduit, and duct are prohibited. Only sprinkler piping, standpipes, electrical conduit serving the stairwell and ductwork and other equipment necessary for stair pressurization are permitted.
- N/A 2. Fire dampers are required where ductwork penetrates a one or more hour fire rated wall. They may be omitted in 1 hr fire rated walls where the duct penetrating the wall is not greater than 100 square inches, there is no duct opening within five feet of each side of the wall, the duct material is a minimum 26 gauge steel and the duct is located above the ceiling.
- N/A 3. Ductwork penetrating a fire rated horizontal assembly (floor-ceiling, roof-ceiling) must be enclosed within a fire rated shaft (1 hr for 3 stories or less, 2 hrs for 4 stories or more). Fire dampers may be used in lieu of a shaft where only one floor is penetrated.
- N/A 4. Ductwork penetrating non-fire rated horizontal assemblies (floor-ceiling, roof-ceiling assemblies) must be equipped with a fire damper where the duct connects no more than 3 stories. Ducts connecting 4 or more stories must be enclosed in a fire rated shaft.
- N/A 5. Provide fire/smoke combination dampers in transfer air grille openings through fire rated walls. A smoke damper is required at transfer openings for un-rated walls that must resist the passage of smoke such as a smoke barrier or smoke partition.
- N/A 6. Smoke dampers must be installed in duct penetrations of smoke barriers, unless the duct is a part of a smoke removal system.
- N/A 7. Ceiling dampers or other methods of protecting openings in rated floor- or roof-ceiling assemblies are required.
- NO 8. Systems with a fan capacity less than 2,000 CFM and which serve a means of egress must have automatic shutdown.
- N/A 9. Systems from 2,000 to 15,000 CFM must have a duct mounted smoke detector mounted in the supply duct downstream of all filters and in the return air stream prior to any exhausting from the building or mixing with fresh air makeup. These detectors must be wired to a central control panel which is constantly monitored or be wired to a general building alarm.
- N/A 10. Systems over 15,000 CFM must have duct mounted smoke detector shutdown and smoke dampers in both the supply and return ducts to isolate the fan from the duct system. These detectors must be wired to a central control panel which is constantly monitored or be wired to the building alarm.
- YES 11. An exit access corridor cannot be used for return or exhaust from adjoining air conditioned spaces through louvers or other devices mounted in corridor doors, partitions, or ceilings.
- ✓ 12. Combustible material may not be used within a return air plenum unless it is tested for that application.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

- N/A 13. Combustion air and ventilation are provided for the room containing fuel fired equipment. Location of vents within 12" above finished floor and 12" below ceiling, and 1/4" corrosion resistant screen.
- N/A 14. Kitchen commercial cooking exhaust hood and duct systems for removal of grease-laden vapor must comply with 2001 NFPA 96.
- N/A 15. Gas lines may not penetrate a four-hour firewall.
- N/A 16. Gas piping is not permitted to be installed in concealed spaces.
- N/A 17. Gas piping valves must not be located in non accessible spaces or more than six feet away from the appliance being served.
- N/A 18. A separate and individual ventilation system, not part of any other system, must be provided for ventilation of each room or space containing flammable vapors, combustion vapors, noxious gases, and flammable dusts.
- ✓ 19. Minimum required plumbing fixtures: Water Closets 6, Lavatories 6, Drinking Fountains 0.

SPRINKLER SYSTEM:

- ✓ 23
NO 1. Occupancy classification and/or size of this building requires a full sprinkler system.
- N/A 2. An existing sprinkler system in the building requires a registered sprinkler contractor to inspect, test, and provide a letter of acceptance for the existing system.
- N/A 3. Provide a sprinkler system for all stages 1000 square feet or more. Provide coverage at all adjacent storerooms, workshops, permanent dressing rooms and other spaces contiguous to the stage.
- N/A 4. Provide a Class I wet standpipe for all buildings in which the highest floor is 30 feet or less above the lowest level of fire department vehicle access and exceeding 10,000 square feet per story or when any portion of the building's interior area is more than 200 feet of travel from the nearest point of fire department vehicle access.
- N/A 5. Provide a Class II wet standpipe in public assembly halls greater than 5000 square feet used for exhibition or display purposes.
- N/A 6. Provide a Class I wet standpipe in un-sprinkled buildings exceeding 1000 persons.
- N/A 7. Provide Class III wet standpipes on each side of regular stages greater than 1000 square feet or any legitimate stage.

ELECTRICAL:

- ✓ 1. Provide emergency lighting for assembly areas, stairs, aisles, corridors, and exitways. Emergency Lighting must have stand-by power source.
- ✓ 2. Exit signs must be visible from all directions of travel.
- ✓ 3. Exit signs must have an emergency power source or be a listed self-illuminating type sign.
- ✓ 4. Provide a fire alarm system for assembly, education, day care, health care, detention, lodging, mercantile and industrial occupancies.
- ✓ 5. Working space in front of electrical equipment to be a minimum of three-foot horizontal, six and a half foot vertical and thirty inches minimum width. Working space may not be used for storage and may

BUILDING CODE ON-SITE-REVIEW CHECKLIST

not contain ductwork, piping, etc.

- N/A 6. Electrical outlet boxes located on opposite sides of rated walls must be separated by a horizontal distance of 24 inches.
- ✓ 7. Provide ground fault interrupter for wet locations, and outside.
- N/A 8. Smoke detectors controlling hold open devices must be located in accordance with NFPA 72 and must be tied into the fire alarm system.
- N/A 9. Automatic detection devices must be provided in all hazardous areas that are unoccupied and un-sprinkled.
- N/A 10. Nonmetallic-sheathed cable (types NM and NMC) may not be used in fire resistive components of a building with assembly occupancy, in a four or more story building, or in Type I or II construction.
- N/A 11. Connections to the kitchen hood fire extinguishing system that activates the fire alarm system and other required shutdowns in the event the extinguishing system is activated.
- N/A 12. Shunt trip circuit breakers and gas solenoid valves required - unless a mechanical gas line shut-off is provided.
- N/A 13. Flow switch or alarm check valve connection to the building alarm and central station or fire dept.
- N/A 14. Supervisory alarm connection from tamper switches on sprinkler system.
- N/A 15. Electrical equipment rated for 1200 amperes or more and over 6 ft wide, containing over-current devices, switching devices, or control devices, there shall be one entrance not less than 32 in. wide and 6 1/2 ft high at each end of the working space. Both entrances shall open in the direction of the egress and be equipped with panic bars, pressure plates, or other devices that are normally latched but open under simple pressure.
- N/A 16. Dry-type transformers installed indoors and rated 112 1/2 KVA or less shall have a separation of at least 12 in. from combustible material unless separated from the combustible material by a fire-resistant, heat-insulated barrier.
- N/A 17. Individual dry-type transformers of more than 112 1/2 KVA rating shall be installed in a transformer room of minimum 1 hour fire-resistant construction.

Thomas L. Cry

Tn. RA 15861

2 June 2017

ESTIMATED RENOVATION COST

\$35,000⁰⁰ - plus SPRINKLER SYSTEM

associated
architectural
services



Thomas L. Crye - Architect

301 Keith Street, SW
Suite 215 Village Office Building
Cleveland, Tennessee 37311-5843
Phone (423) 476-5612

**Life Bridges, Inc.**

**P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492**

June 5, 2017

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Economic Feasibility – Type of Funding

To whom it may concern:

Life Bridges, Inc. will be financing the project costs from our cash operating account to convert a group home to an ICF home. The estimated project costs are approximately \$130,000.

Sincerely,

Ginger Davis
CFO
Life Bridges, Inc.



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Attachment Section B: Economic Feasibility E2 + E3

Charge Schedules Comparison - Current vs. Proposed

	Wright 6-person home CURRENT Charges	Wright 6-person home PROPOSED Charges
per person daily rate	\$ 700.82	\$ 668.12
Annualized (based on 365 days)	\$ 1,534,796	\$ 1,463,183
Bed Tax (Payment back to State)	\$ 84,414	\$ 80,475
Net Revenue	\$ 1,450,382	\$ 1,382,708

E2

Charge Comparison to Similar Facilities in Service Area

	Cate 6-person home PROPOSED Charges	Wright 6-person home EXISTING Charges	McIntire 4-person home EXISTING Charges	Edgemon 4-person home EXISTING Charges
per person daily rate	\$ 653.79		\$ 847.56	\$ 824.20
Annualized (based on 365 days)	\$ 954,533		\$ 1,237,438	\$ 1,203,332
Bed Tax (Payment back to State)	\$ 52,499		\$ 68,059	\$ 66,183
Net Revenue	\$ 902,034		\$ 1,169,379	\$ 1,137,149

E3

Life Bridges Inc.

Income Statement by Month

Period: 10 Year: 2017

032 Wright House	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Ytd Tot
Income													
ICF Gate & Wright	110,706	112,008	117,422	121,125	135,375	130,353	130,359	117,193	130,146	126,148	0	0	1,230,833
Total Income	110,706	112,008	117,422	121,125	135,375	130,353	130,359	117,193	130,146	126,148	0	0	1,230,833
Expense													
Salaries / Wages	(56,885)	(54,122)	(90,269)	(62,439)	(64,120)	(59,965)	(62,326)	(59,991)	(68,181)	(62,249)	0	0	(640,546)
Fringe Benefits	(14,191)	(13,097)	(17,769)	(12,433)	(18,627)	(16,877)	(17,159)	(15,413)	(14,796)	(18,820)	0	0	(159,182)
Professional Services	(1,292)	(1,764)	(2,213)	(527)	(845)	(942)	(1,221)	(710)	(872)	(358)	0	0	(10,745)
Travel	(67)	(95)	(147)	(57)	(62)	(32)	(54)	(80)	(290)	(136)	0	0	(1,019)
Communications	(495)	(623)	(662)	(327)	(425)	(435)	(506)	(534)	(573)	(557)	0	0	(5,138)
Utilities	(1,011)	(935)	(967)	(799)	(769)	(705)	(736)	(736)	(657)	(725)	0	0	(8,039)
Memberships	0	0	(691)	0	0	0	(3)	0	0	3	0	0	(691)
Maintenance and Repair	(531)	(386)	(350)	(329)	(286)	(334)	(439)	(724)	(429)	(489)	0	0	(4,296)
Supplies	(2,979)	(2,615)	(1,917)	(1,916)	(2,152)	(2,909)	(2,085)	(1,564)	(5,625)	(4,897)	0	0	(28,658)
Food	(1,593)	(1,550)	(1,849)	(1,566)	(2,021)	(2,047)	(1,662)	(1,653)	(1,726)	(1,554)	0	0	(17,221)
Insurance	(857)	(3)	(1,124)	(1,348)	(1,352)	(1,367)	(2,223)	(1,360)	(1,418)	(1,417)	0	0	(12,468)
Transportation Expense	(674)	(847)	(1,630)	(1,204)	(681)	(870)	(969)	(734)	(728)	(722)	0	0	(9,058)
Workers Comp	(1,751)	(2,250)	(2,250)	(1,616)	(750)	(1,125)	(1,875)	(1,875)	(1,875)	(2,956)	0	0	(18,324)
Advertising	(31)	(20)	(166)	(96)	(60)	(59)	(65)	(109)	(82)	(65)	0	0	(754)
Non Operating Expense / (Depreciation)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	0	0	(17,717)
ICF / MR Tax	(6,293)	(5,946)	(6,029)	(6,315)	(7,038)	(6,806)	(7,038)	(7,037)	(6,344)	(7,037)	0	0	(65,883)
Rental Expense	(250)	(238)	(231)	(214)	(137)	(348)	(104)	(241)	(233)	(351)	0	0	(2,348)
Training	(75)	(214)	(371)	(158)	(342)	(632)	(117)	(187)	(416)	(549)	0	0	(3,061)
Stipens	(4,724)	(4,550)	(7,178)	(4,980)	(5,049)	(4,954)	(4,501)	(4,902)	(5,916)	(6,304)	0	0	(53,059)
Total Expense	(95,470)	(91,026)	(137,584)	(98,096)	(106,488)	(102,179)	(104,855)	(99,620)	(111,932)	(110,956)	0	0	(1,058,206)
Departmental Net Profit / Loss	15,236	20,982	(20,162)	23,029	28,887	28,174	25,504	17,573	18,214	15,191	0	0	172,627

Life Bridges Inc
YTD Summary Unaudited Income Statement
Fiscal Year: 2017 Period: 10

	APRIL 2017	YTD FY2017
Income		
Income from Waiver Funding	\$ 859,133	\$ 9,341,301
ICF Edgemon & McIntire	\$ 200,611	\$ 1,973,411
ICF Cate & Wright	\$ 243,830	\$ 2,385,807
TN Care/ Medical	\$ 883	\$ 52,035
Choices	\$ 5,703	\$ 22,318
Medicare / Medical	\$ 15,486	\$ 151,603
Private / Medical	\$ 5,222	\$ 34,236
TN Care / Transportation	\$ 2,161	\$ 25,476
Rental Income	\$ 19,812	\$ 208,728
Contract Income	\$ 4,594	\$ 52,650
Miscellaneous Income	\$ 1,482	\$ 26,481
Total Income	\$ 1,358,918	\$ 14,274,045
Non Operating Income		
Grants & Donations	\$ 4,677	\$ 24,927
Interest Income	\$ 2,986	\$ 25,810
Gain (Loss) on Sale of Assets	\$ 882	\$ 6,665
Charitable Contributions	\$ 1,000	\$ 5,255
Total Non Operating Income	\$ 9,544	\$ 62,657
Net Income	\$ 1,368,462	\$ 14,336,702
Expenses		
Salaries / Wages	(\$ 778,017)	(\$ 8,184,989)
Fringe Benefits	(\$ 214,109)	(\$ 2,225,718)
Client Wages	(\$ 1,120)	(\$ 37,023)
Professional Services	(\$ 30,016)	(\$ 329,684)
Workers Comp	(\$ 39,414)	(\$ 244,320)
Travel	(\$ 3,689)	(\$ 40,231)
Communications	(\$ 7,493)	(\$ 69,232)
Utilities	(\$ 10,658)	(\$ 119,265)
Memberships	(\$ 536)	(\$ 19,817)
Maintenance and Repair	(\$ 10,670)	(\$ 112,325)
Supplies	(\$ 25,727)	(\$ 274,703)
Food	(\$ 10,659)	(\$ 127,279)
Mortgage Interest	(\$ 5,910)	(\$ 59,075)
Rent	(\$ 1,454)	(\$ 14,498)
Insurance	(\$ 18,434)	(\$ 150,101)
Transportation Expense	(\$ 21,709)	(\$ 201,714)
Advertising	(\$ 990)	(\$ 12,864)
ICF / MR Tax	(\$ 24,759)	(\$ 236,128)
Miscellaneous Expense	(\$ 4,022)	(\$ 48,844)
Training	(\$ 6,977)	(\$ 68,581)
Stipens	(\$ 60,828)	(\$ 340,127)
Rental Expense	(\$ 3,347)	(\$ 23,480)
Total Expense	(\$ 1,280,537)	(\$ 12,939,998)
Non Operating Expense - (Depreciation)		
Consumer Benevolence	(\$ 8,774)	(\$ 13,574)
Non Operating Expense / (Depreciation)	(\$ 24,703)	(\$ 247,028)
Total Non Operating Expense - (Depreciation)	(\$ 33,477)	(\$ 260,602)
Net Expenses	(\$ 1,314,014)	(\$ 13,200,600)
Program Total	\$54,448	\$1,136,103

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**LIFE BRIDGES, INC.
AND RELATED ENTITY**

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2016

LIFE BRIDGES, INC.
AND RELATED ENTITY

C O N T E N T S

June 30, 2016

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HARTING, BISHOP & ARRENDALE, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

KELVIN W. BISHOP, CPA
 THOMAS H. ARRENDALE, CPA, MBA
 JANICE L. HAYES, CPA

MEMBER
 AMERICAN INSTITUTE OF
 CERTIFIED PUBLIC ACCOUNTANTS
 TENNESSEE SOCIETY OF
 CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
 Life Bridges, Inc.

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Life Bridges, Inc. (a nonprofit organization) and related entity (a nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2016, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Life Bridges, Inc. and related entity as of June 30, 2016, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidated data on pages 13-14 is presented for purposes of additional analysis of the individual companies. The accompanying schedule of expenditures of federal awards and state financial assistance, as required by the State of Tennessee, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated August 23, 2016, on our consideration of Life Bridges, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Life Bridges, Inc.'s internal control over financial reporting and compliance.

Harting, Bishop & Arrendale, PLLC

Harting, Bishop & Arrendale, PLLC

Cleveland, Tennessee

August 23 2016

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
June 30, 2016

ASSETS

Current Assets

Cash in bank	\$ 6,110,273
Accounts receivable	
State of TN - DIDD	903,900
State of TN - ICF/ID	460,505
Other	70,827
Prepaid Expenses	21,531
	<u>7,567,036</u>

Funded Reserve

Debt service reserve	45,474
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Fixed Assets

Property and equipment, net	3,805,935
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Other Assets

Security deposits	<u>5,316</u>
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Total Assets	<u>\$ 11,423,761</u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 214,319
Accrued expenses	541,601
Current maturity of lease payable	8,724
Current maturity of long-term debt	30,845
	<u>795,489</u>

Long-Term Liabilities

Loans payable, long-term	1,884,370
Lease payable, long-term	10,484
	<u>1,894,854</u>

Other Liabilities

Security deposits	5,316
Total Liabilities	<u>2,695,659</u>

Net Assets

Unrestricted net assets	8,664,580
Temporarily restricted net assets	63,522
Total Net Assets	<u>8,728,102</u>

Total Liabilities and Net Assets	<u>\$ 11,423,761</u>
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See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2016

UNRESTRICTED NET ASSETS

PUBLIC SUPPORT AND REVENUE

State of TN - DIDD	\$ 10,851,906
U.S. Dept. of Housing and Urban Development	75,594
State of Tennessee - ICF/ID	4,936,755
Transportation Grant	9,471
Housing Trust Fund Grant	57,942
TN Dept. of Human Services	11,500
Medical services income	472,587
City and County government	27,700
Client rent	290,560
Workshop contract income	71,690
Contributions	4,674
Interest income	9,321
Gain on sale of assets	32,760
Miscellaneous	15,299
TOTAL REVENUES	<u>16,867,759</u>

Net assets released from restrictions:

Restrictions satisfied by payment 2,807

Net assets restricted:

Funding of debt service reserve (8,910)TOTAL UNRESTRICTED SUPPORT AND REVENUE 16,861,656

EXPENSES

Program services:

HUD - residential 76,564Medicaid waiver adult day services 1,872,628Medicaid waiver residential services 6,727,341Medicaid waiver - JOB/OP 81,679ICF/ID services 4,597,611Medical services 318,599Total Program Services 13,674,422Administrative costs 2,123,056TOTAL EXPENSES 15,797,478INCREASE IN UNRESTRICTED NET ASSETS 1,064,178

TEMPORARILY RESTRICTED NET ASSETS

Contributions 3,466

Net assets released from restrictions:

Restrictions satisfied by payment (2,807)

Net assets restricted:

Funding of debt service reserve 8,910INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 9,569INCREASE IN NET ASSETS 1,073,747NET ASSETS, BEGINNING OF YEAR 7,654,355NET ASSETS, END OF YEAR \$ 8,728,102

See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2016

	HUD Residential Services	Medicaid Waiver Adult Day Services	Medicaid Waiver Residential Services	Medicaid Waiver Job/OP	ICF/ID Services	Medical Services	Administration	Total
Salaries	\$ -	\$ 1,168,671	\$ 4,973,904	\$ 50,156	\$ 2,957,687	\$ 194,820	\$ 1,445,383	\$ 10,790,621
Fringe benefits	-	264,971	858,331	14,485	538,698	34,158	334,170	2,044,813
Total salaries and benefits	-	1,433,642	5,832,235	64,641	3,496,385	228,978	1,779,553	12,835,434
Client wages	-	71,140	-	-	-	-	-	71,140
Travel	-	2,967	8,320	22	4,638	192	27,544	43,683
Communications	-	8,870	32,025	1,260	35,801	3,088	27,640	108,684
Printing	-	-	-	-	-	-	3,515	3,515
Utilities	28,235	25,228	28,827	-	37,085	5,536	18,601	143,512
Professional services	4,851	27,166	271,930	358	69,116	37,596	11,032	422,049
Memberships	-	331	3,038	-	2,970	496	14,560	21,395
Supplies	14,249	36,460	54,343	473	168,407	11,560	58,775	344,267
Food	-	19,492	63,517	50	75,065	809	6,921	165,854
Maintenance and repair	9,190	34,031	29,089	3,004	34,432	10,716	27,297	147,759
Rent	-	1,843	20,985	63	9,668	634	6,645	39,838
Insurance	12,459	56,580	179,923	5,548	132,120	12,636	32,627	431,893
Transportation expense	-	69,799	60,268	5,531	37,020	28	20,822	193,468
Training	-	11,905	38,058	522	8,605	930	6,070	66,090
Miscellaneous expense	-	3,690	10,190	-	10,864	173	34,360	59,277
Medicaid tax	-	-	-	-	267,432	-	-	267,432
Interest expense	-	-	16,301	-	56,114	-	-	72,415
Total Expense Before Depreciation	68,984	1,803,144	6,649,049	81,472	4,445,722	313,372	2,075,962	15,437,705
Depreciation	7,580	69,484	78,292	207	151,889	5,227	47,094	359,773
Total Expenses	\$ 76,564	\$ 1,872,628	\$ 6,727,341	\$ 81,679	\$ 4,597,611	\$ 318,599	\$ 2,123,056	\$ 15,797,478

See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2016

OPERATING ACTIVITIES

Increase in net assets	\$ 1,073,747
Adjustment to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	359,773
Gain on sale of assets	(19,174)
Realized gain on sale of investment	(4,792)
Changes in other assets and liabilities:	
Accounts receivable	(17,054)
Prepaid expenses	(4,463)
Accounts payable	29,164
Accrued expenses	7,754
Net cash provided by operating activities	<u>1,424,955</u>

INVESTING ACTIVITIES

Purchase of fixed assets	(219,333)
Proceeds from sale of assets	19,174
Sale of investment	<u>13,586</u>
Net cash used by investing activities	<u>(186,573)</u>

FINANCING ACTIVITIES

Funding of debt service reserve	(8,922)
Principal payments on lease payable	(7,996)
Principal payments on mortgage payable	<u>(29,681)</u>
Net cash used by financing activities	<u>(46,599)</u>

Increase in cash	1,191,783
Cash at beginning of year	<u>4,918,490</u>
Cash at end of year	<u>\$ 6,110,273</u>

SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION

Interest paid on debt	<u>\$ 72,415</u>
Income taxes	<u>\$ -</u>

NONCASH INVESTING AND FINANCING TRANSACTION

Equipment	<u>\$ 27,204</u>
Capital lease obligation	<u>\$ (27,204)</u>

See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

1. Summary of Significant Accounting Policies

Nature of Activities

Life Bridges, Inc. and related entity provide program services to eligible mentally handicapped individuals in Cleveland, Tennessee and Bradley County. Program services consist of day care programs, residential services, and medicaid services. Funds are primarily provided through the fee for service contracts with the Tennessee Department of Intellectual Disabilities Services and State of Tennessee – ICF/MR; housing assistance payments from the U.S. Department of Housing and Urban Development; revenue from rent paid by tenants; and grants.

Basis of Accounting

The financial statements of Life Bridges, Inc. and related entity have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Basis of Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets that are based on existence or absence of restrictions on use that are placed by its donors: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted – Net assets not subject to donor-imposed restrictions. Such net assets are available for any purpose consistent with the Organizations missions.

Temporarily Restricted – Net assets subject to specific, donor-imposed restrictions that must be met by actions of the Organizations and/or passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as releases from restriction. Restricted contributions received in the same year in which the restrictions are met are recorded as an increase in unrestricted support.

Permanently Restricted – Net assets subject to donor-imposed restrictions requiring they be maintained permanently by the Organizations. Such net assets are normally restricted to long-term investment, with income earned and appreciation available for specific or general Organization purposes. The Organizations do not have any permanently restricted net assets as of June 30, 2016.

Cash and Cash Equivalents

For the purpose of the statement of cash flows the Organizations consider all unrestricted highly liquid investments with an initial maturity of three months or less and certificates of deposit to be cash equivalents.

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LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

1. Summary of Significant Accounting Policies - (continued)

Donated Services

No amounts have been reflected in the financial statements for donated services. The Organizations pay for most services requiring specific expertise.

Property and Equipment

Disbursements for property and equipment are capitalized and reflected on the statement of financial position at cost. Expenditures for additions and major improvements are capitalized while those for maintenance and repairs are charged to expenses as incurred. Depreciation is computed on the straight-line method. All equipment, furnishings and vehicles purchased with grant funds are subject to a reversionary ownership interest on the part of the grantor agency.

Expense Allocation

The costs of providing various programs and supporting services have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. On an ongoing basis, management evaluates the estimates and assumptions based on new information. Management believes that the estimates and assumptions are reasonable in the circumstances; however, actual results could differ from those estimates.

Restricted and Unrestricted Revenue

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

Consolidated Financial Statements

The financial statements of Life Bridges, Inc. and related entity include the operations of the following entities for which control and economic interest exist:

Bradley/Cleveland Property Development and Management, Inc., a 501(c)(3) tax exempt organization, which provides Dept. of Housing and Urban Development residential housing for clients of Bradley/Cleveland Services, Inc.

All significant intercompany transactions and accounts are eliminated.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

1. Summary of Significant Accounting Policies - (continued)

Income Tax Status

The Organizations are exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. They are not classified as a private foundation.

2. Concentration of Credit Risk

The Organizations maintain cash balances at local financial institutions. The accounts at each institution are insured by the FDIC up to \$250,000. At June 30, 2016, the Organizations uninsured cash balances were \$5,501,393. Uninsured balances of \$3,088,464 were maintained by a sweep agreement with one financial institution.

3. Concentration of Grant Revenue

The Organizations receive a substantial amount of support from the Tennessee Department of Intellectual and Developmental Disabilities and State of Tennessee – ICF/MR for operations. A major reduction of funds by these grantors, should this occur, may have a significant effect on future operations.

4. Property and Equipment

Property and equipment consist of the following:

Land	\$ 484,983
Land improvements	16,666
Buildings	6,014,261
Equipment, furniture & vehicles	1,614,340
Accumulated depreciation, land improvements	(16,666)
Accumulated depreciation, buildings	(2,925,489)
Accumulated depreciation equipment, furniture & vehicles	(1,382,160)
	<u>\$ 3,805,935</u>
Depreciation expense at June 30, 2016	<u>\$ 359,773</u>

5. Debt Service Reserve

The debt service reserve is required by the terms of mortgages. In case of default on the mortgage payable this reserve will make the payments for one year. If no default occurs the debt service reserve will make the final year's payment on the note.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

6. Mortgage Payable

The Organization's obligations under mortgages payable as of June 30, 2016 are as follows:

Mortgage with USDA, monthly installments of \$6,592 with an interest rate of 3.75% until maturity in December, 2048, secured by two intermediate care facilities.	\$1,484,285
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Line-of-credit arrangement with a local bank, with interest at
1.450 percentage points over the Index, subject to a floor of
4.75% (4.75% at June 30, 2016), matures August 2016,
secured by accounts receivable. The line-of-credit limit is \$400,000.

Mortgage with USDA, monthly installments of \$1,916 with an interest rate of 3.75% until maturity in November, 2048, secured by two facilities.	430,930
	1,915,215
Less current maturities	30,845
	\$1,884,370

The aggregate maturities of mortgage payable are as follows:

6/30/17	\$	30,845
6/30/18		32,022
6/30/19		33,243
6/30/20		34,512
6/30/21		35,828
Thereafter		1,748,765
		\$1,915,215

7. Compensated Absences

The Organizations' liability for unused paid time off at June 30, 2016 was \$165,462.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

8. Retirement Plan

Life Bridges, Inc. maintains a defined contribution retirement plan for its employees. The plan is approved under Internal Revenue Code Section 403(b). The plan is funded under a group annuity contract (tax deferred) through Mutual of America Life Insurance and Annuity Company.

Employees are allowed to participate when they have reached the age of 20 and completed two years of service. The organization did not contribute to eligible employee accounts during the year ended June 30, 2016. Participants are 100% vested upon becoming an eligible participant in the plan.

9. Restrictions on Net Assets

Temporarily restricted net assets at June 30, 2016 consist of \$45,507 in the debt service reserve, \$1,622 restricted for a group home trip, \$513 restricted for CDC activities, and \$15,880 restricted for client benevolence.

Debt service reserve - As explained in Note 5 the debt service reserve is restricted to payments on the mortgage payable. This restriction will expire when the debt service reserve is used to make any payments on the mortgage payable.

10. Lease

Life Bridges, Inc. leases office equipment under a capital lease. The economic substance of the lease is that the Organization is financing the acquisition of the asset through the lease, and accordingly, it is recorded in the Organization's assets and liabilities. Leased equipment included in equipment at June 30, 2016, is \$27,204 less accumulated depreciation of \$7,557. The lease agreement includes a FMV purchase option at the end of the lease term. The following is a schedule by years of future minimum payments required under the lease:

6/30/17	\$ 8,724
6/30/18	8,724
6/30/19	<u>727</u>
	<u>\$18,175</u>

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2016

11. Subsequent Events

Subsequent events were evaluated through August 23, 2016, which is the date the financial statements were available to be issued.

The HUD contract which provides monthly rent payments was not renewed for a group home owned by Bradley Cleveland Property Development and Management, Inc. and will end in September 2016. Clients of Life Bridges, Inc. will move into the home when the contract ends. The Organizations currently plan to close an additional HUD contract home of Bradley Cleveland Property Management and Development in September 2017, with clients of Life Bridges, Inc. moving into the home.

SUPPLEMENTARY DATA

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATING STATEMENT OF FINANCIAL POSITION
June 30, 2016

	Life Bridges, Inc.	Bradley/Cleveland Property Development and Management, Inc.	Eliminations	Total
ASSETS				
<u>Current Assets</u>				
Cash in bank	\$ 5,991,480	\$ 118,793	\$ -	\$ 6,110,273
Accounts receivable				
State of TN - DIDD	903,900	-	-	903,900
State of TN - ICF/ID	460,505	-	-	460,505
Other	143,670	-	(72,843)	70,827
Prepaid Expenses	21,531	-	-	21,531
	<u>7,521,086</u>	<u>118,793</u>	<u>(72,843)</u>	<u>7,567,036</u>
 <u>Funded Reserve</u>				
Debt service reserve	45,474	-	-	45,474
 <u>Fixed Assets</u>				
Property and equipment, net	3,666,083	139,852	-	3,805,935
 <u>Other Assets</u>				
Security deposits	450	4,866	-	5,316
Total Assets	<u>\$11,233,093</u>	<u>\$ 263,511</u>	<u>\$ (72,843)</u>	<u>\$ 11,423,761</u>
LIABILITIES AND NET ASSETS				
<u>Current Liabilities</u>				
Accounts payable				
Accrued expenses	\$ 214,259	\$ 72,903	\$ (72,843)	\$ 214,319
Current maturity of lease payable	541,601	-	-	541,601
Current maturity of long-term debt	8,724	-	-	8,724
	<u>30,845</u>	<u>-</u>	<u>-</u>	<u>30,845</u>
	795,429	72,903	(72,843)	795,489
 <u>Long-Term Liabilities</u>				
Loans payable, long-term				
Lease payable, long-term	1,884,370	-	-	1,884,370
	10,484	-	-	10,484
 <u>Other Liabilities</u>				
Security deposits				
Total Liabilities	450	4,866	-	5,316
	<u>2,690,733</u>	<u>77,769</u>	<u>(72,843)</u>	<u>2,695,659</u>
 <u>Net Assets</u>				
Unrestricted net assets				
Temporarily restricted net assets	8,478,838	185,742	-	8,664,580
Total Net Assets	63,522	-	-	63,522
	<u>8,542,360</u>	<u>185,742</u>	<u>-</u>	<u>8,728,102</u>
Total Liabilities and Net Assets	<u>\$11,233,093</u>	<u>\$ 263,511</u>	<u>\$ (72,843)</u>	<u>\$ 11,423,761</u>

LIFE BRIDGES, INC. AND RELATED ENTITY
CONSOLIDATING STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2016

	Life Bridges, Inc.	Bradley/Cleveland Property Development and Management, Inc.	Eliminations	Total
UNRESTRICTED NET ASSETS				
PUBLIC SUPPORT AND REVENUE				
TN Dept. of Intellectual Disabilities Services	\$ 10,851,906	\$ -	\$ -	\$ 10,851,906
U.S. Department of Housing and Urban Development	-	75,594	-	75,594
State of TN ICF/ID	4,936,755	-	-	4,936,755
Choices	9,471	-	-	9,471
Housing Trust Fund Grant	57,942	-	-	57,942
Tn Dept. of Human Services	11,500	-	-	11,500
Medical services	472,587	-	-	472,587
City and County government	27,700	-	-	27,700
Client rent	202,906	87,654	-	290,560
Workshop contract income	71,690	-	-	71,690
Contributions	4,674	-	-	4,674
Interest income	9,321	-	-	9,321
Management fee income	100,000	-	(100,000)	-
Gain on sale of assets	32,760	-	-	32,760
Miscellaneous	15,299	-	-	15,299
TOTAL REVENUES	16,804,511	163,248	(100,000)	16,867,759
Net assets released from restrictions:				
Restrictions satisfied by payment	2,807	-	-	2,807
Net assets restricted:				
Funding of debt service reserve	(8,910)	-	-	(8,910)
TOTAL UNRESTRICTED SUPPORT AND REVENUE	16,798,408	163,248	(100,000)	16,861,656
EXPENSES				
Program services:				
HUD - residential	-	176,564	(100,000)	76,564
Medicaid waiver adult day services	1,872,628	-	-	1,872,628
Medicaid waiver residential services	6,727,341	-	-	6,727,341
Medicaid waiver - Job/OP	81,679	-	-	81,679
ICF/ID services	4,597,611	-	-	4,597,611
Medical services	318,599	-	-	318,599
Total Program Services	13,597,858	176,564	(100,000)	13,674,422
Administrative costs	2,123,056	-	-	2,123,056
TOTAL EXPENSES	15,720,914	176,564	(100,000)	15,797,478
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	1,077,494	(13,316)	-	1,064,178
TEMPORARILY RESTRICTED NET ASSETS				
Contributions	3,466	-	-	3,466
Net assets released from restrictions:				
Restrictions satisfied by payment	(2,807)	-	-	(2,807)
Net assets restricted:				
Funding of debt service reserve	8,910	-	-	8,910
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	9,569	-	-	9,569
INCREASE (DECREASE) IN NET ASSETS	1,087,063	(13,316)	-	1,073,747
NET ASSETS, BEGINNING OF YEAR	7,455,297	199,058	-	7,654,355
NET ASSETS, END OF YEAR	\$ 8,542,360	\$ 185,742	\$ -	\$ 8,728,102

LIFE BRIDGES, INC. AND RELATED ENTITY
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
 For the Year Ended June 30, 2016

Federal Grantor/ Pass-Through Grantor/ Program Title	CFDA Number	Contract Number	Expenditures
<u>FEDERAL AWARDS</u>			
U.S. Department of HUD			
Pass-through TN Housing Development Agency:			
Received by Bradley/Cleveland Property			
Development and Management, Inc.			
Section 8 Housing Vouchers	14.177	TN37-H112-064	\$ 28,148
Section 8 Housing Vouchers	14.177	TN37-H112-080	23,626
Section 8 Housing Vouchers	14.177	TN37-H112-081	23,820
			<u>75,594</u>
Pass-through TN Housing Development Agency:			
HOME Investment Partnership Program	14.239	HM-12-29	<u>9,338</u>
U.S. Department of Human Services			
Pass-through TN Dept. of Human Services			
Supported Employment	84.126		<u>9,051</u>
Total Federal Awards			<u>93,983</u>
<u>STATE AWARDS</u>			
TN Housing Development Agency			
Received by Life Bridges, Inc.			
Housing Trust Fund Program		HTF-15-F-07	<u>48,604</u>
U.S. Department of Human Services			
Pass-through TN Dept. of Human Services			
Supported Employment	84.126		<u>2,449</u>
Total State Awards			<u>51,053</u>
Total Federal and State Awards			<u>\$ 145,036</u>

NOTES TO SCHEDULE OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE

NOTE A - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance (the Schedule) summarizes the expenditures of Life Bridges, Inc. under programs of the federal and state governments for the year ended June 30, 2016. The schedule is presented using the accrual basis of accounting.

INTERNAL CONTROL AND COMPLIANCE

HARTING, BISHOP & ARRENDALE, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

KELVIN W. BISHOP, CPA
THOMAS H. ARRENDALE, CPA, MBA
JANICE L. HAYES, CPA

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
TENNESSEE SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Life Bridges, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Life Bridges, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 23, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Life Bridges, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Life Bridges, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Life Bridges, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Life Bridges, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Harting, Bishop & Arrendale, PLLC
Harting, Bishop & Arrendale, PLLC

Cleveland, Tennessee

August 23, 2016

LIFE BRIDGES, INC.
SCHEDULE OF PRIOR YEAR FINDINGS AND RESPONSES
For the Year Ended June 30, 2016

There were no prior year findings reported.



PERSONAL
What am I worth?

BUSINESS
What should I pay?

ABOUT
Who we are.

LOGIN

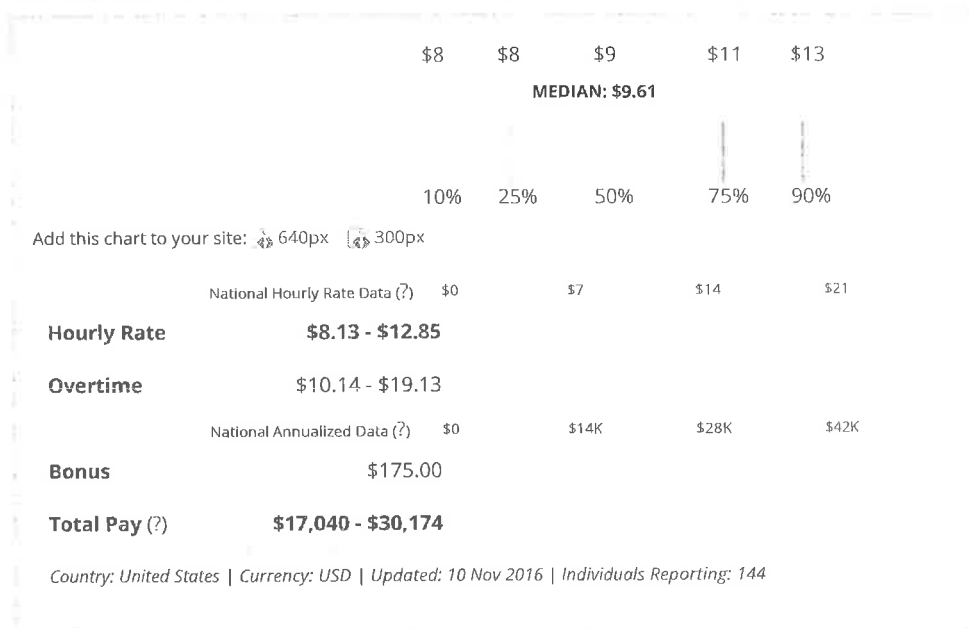
All

Enter a Job Title, Employer Name, or School Name

Search

Direct Care Worker Salary

A Direct Care Worker earns an average wage of \$9.61 per hour. The highest paying skills associated with this job are Medication Administration and amap.



Is Direct Care Worker your job title? Get a personalized salary report!

Location:

Cleveland, Tennessee

Years in Fields/Career:

Get your salary report »

United States (change)

Home Health Aide Job Listings

RN ASSISTANT DIRECTOR OF NURSING

May 22

Life Care Centers of America - Ooltewah, TN, USA

Maintains professional working relationships with all associates, vendors, etc. * Maintains ... Must be able to provide direct nursing care as necessary * Must be able to perform functions of a ... - ZipRecruiter

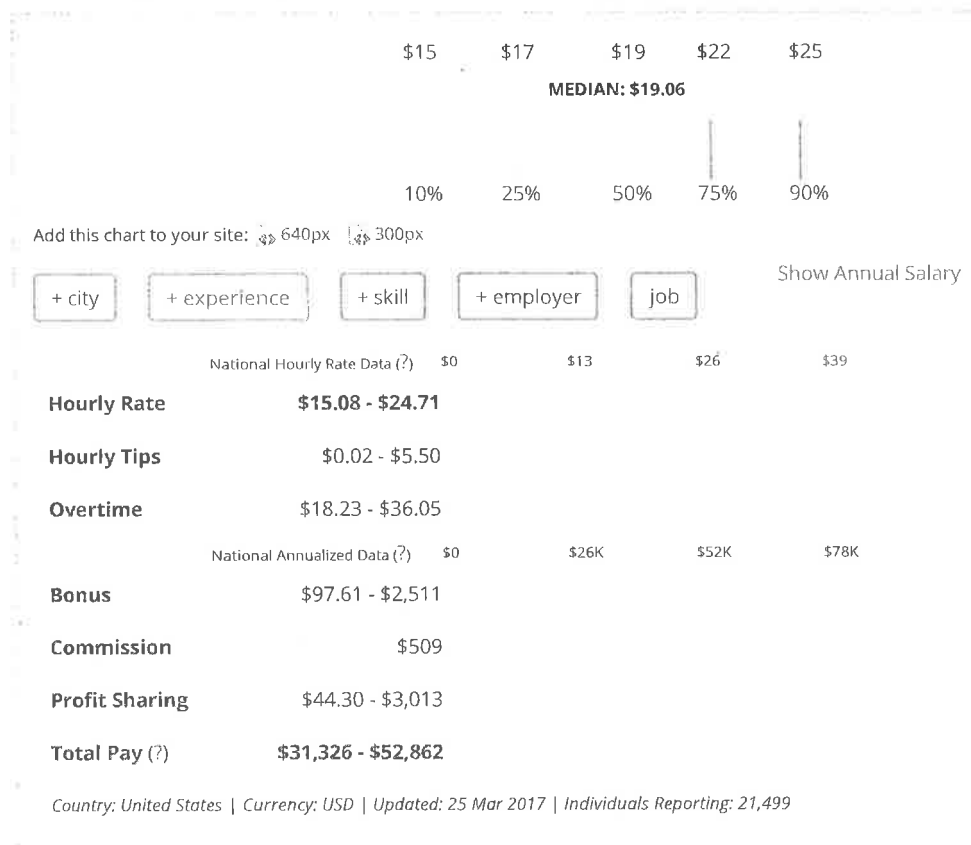
All

Enter a Job Title, Employer Name, or School Name

Search

Licensed Practical Nurse (LPN) Salary

A Licensed Practical Nurse (LPN) earns an average wage of \$19.06 per hour. Pay for this job does not change much by experience, with the most experienced earning only a bit more than the least.



Is Licensed Practical Nurse (LPN) your job title? Get a personalized salary report!

Location:

Cleveland, Tennessee

Years in Fields/Career:

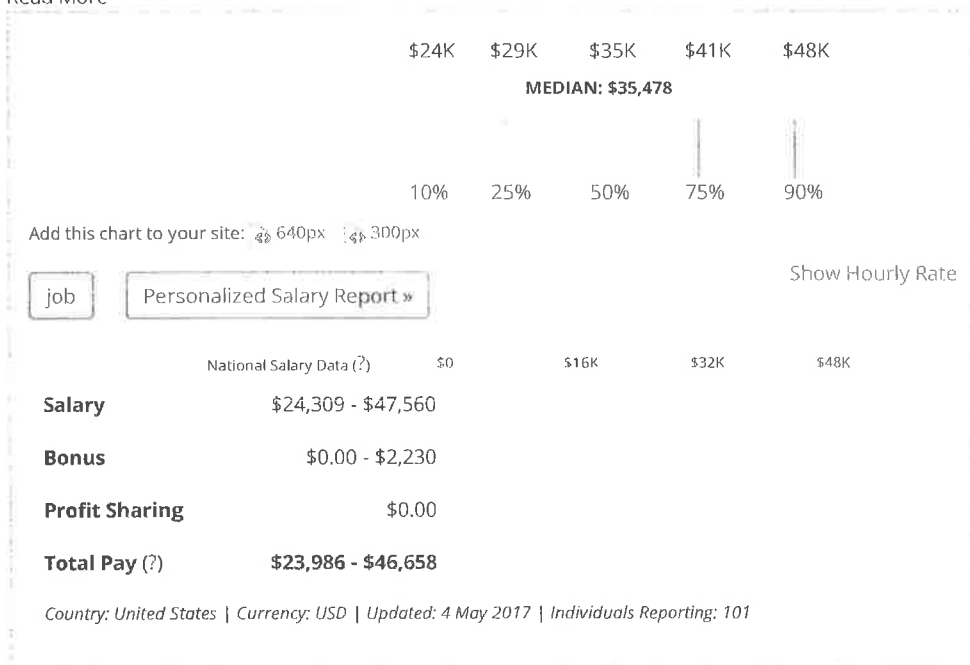
[Get your salary report »](#)

United States (change)

[All](#)

Group Home Supervisor Salary

Group Home Supervisors in the United States are not likely to strike it rich; they only make around \$35K per year on average. Total incomes of Group Home Supervisors incorporate potential for, in rare cases, up to \$48K. [Read More](#)



Is Group Home Supervisor your job title? Get a personalized salary report!

Location:

Cleveland, Tennessee

Years in Fields/Career:

[United States \(change\)](#)

Job Description for Group Home Supervisor

A group home supervisor directs, plans and supervises residents of a group home or assisted living facility. These supervisors normally manage direct care workers and assistant home managers, as well as oversee the activities and operations of the facility according to its rules,



PERSONAL
What am I worth?

BUSINESS
What should I pay?

ABOUT
Who we are.

LOGIN

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Enter a Job Title, Employer Name, or School Name

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Residential Program Director Salary

Pay for Residential Program Directors in the United States sits in the ballpark of \$49K annually. Geographic location is the biggest factor affecting pay for this group, followed by years of experience. Medical benefits are awarded to most, and more than half earn dental coverage. The majority of workers are highly satisfied with their job. Men are in the minority of survey respondents, with female Residential Program Directors making up 75 percent. The numbers in this rundown were provided by PayScale's salary survey participants.



Add this chart to your site: 640px 300px

+ city + experience + skill job

Show Hourly Rate

	National Salary Data (?)	\$0	\$25K	\$50K	\$75K
Salary	\$33,483 - \$73,750				
Bonus	\$0.00 - \$9,983				
Profit Sharing	\$400.00				
Total Pay (?)	\$32,540 - \$73,417				

Country: United States | Currency: USD | Updated: 25 Mar 2017 | Individuals Reporting: 243

Is Residential Program Director your job title? Get a personalized salary report!

Location:

Cleveland, Tennessee

Years in Fields/Career:

Get your salary report »

United States (change)

Job Description for Residential Program Director

129

Licensure Verification

Search Results

Attachment section B: Contribution to
the orderly development of Health Care
C2

You are viewing page 1 of 1...

1. MAZZOLINI, JOE M
Cleveland, TN 37312

Profession: Medical Doctor
Rank: Medical Doctor
Specialties:
Other

License Number: 18056**Status:** Licensed**Original Date:** 06/16/1987**Expiration Date:** 12/31/2018

View:

[Practitioner Profile](#)[Certification Letter](#)

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DCP012

1E205



Renewal No.
1481518

State of Tennessee
Division of Health Services, Board of Nursing

License No.
RN0000174520

9703384

This Certifies that

MURELIA MIKHAYLOVNA KANBRSKI

MULTI-STATE

whose credentials have been approved by the
BOARD OF NURSING

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized REGISTERED NURSE.

in the State of Tennessee through SEPTEMBER 30, 2017

[Signature]
DIRECTOR, HEALTH SERVICES BOARD

Licensure Verification Search Results

You are viewing page 1 of 1...

1. WEATHERS , PENNY L
Cleveland, TN 37323

Profession: Registered Nurse
Rank: Registered Nurse

License Number: 155546

Status: Licensed

Multistate

Original Date: 07/03/2006

Expiration Date: 02/28/2019

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[Practitioner Profile](#)

[Certification Letter](#)

You are viewing page 1 of 1...

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Licensure Verification
Search Results

You are viewing page 1 of 1...

1. FORGEY, MISTY D
Cleveland, TN 37311

Profession: Licensed Practical Nurse
Rank: Licensed Practical Nurse

License Number: 81965
Status: Licensed
Multistate
Original Date: 10/03/2012
Expiration Date: 11/30/2018

[View:](#)

[Certification Letter](#)

You are viewing page 1 of 1...

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Licensure Verification

Search Results

You are viewing page 1 of 1...

1. COFFMAN , MARY A

Athens, TN 37303

Profession: Licensed Practical Nurse**Rank:** Licensed Practical Nurse**License Number:** 66506

View:

Status: Licensed

Multistate

Original Date: 10/28/2004**Expiration Date:** 07/31/2018[Certification Letter](#)

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Licensure Verification Search Results

You are viewing page 1 of 1...

1. **WALKER, RENE' MICHELLE**

Cleveland, TN 37323

Profession: Licensed Practical Nurse

Rank: Licensed Practical Nurse

License Number: 72457

Status: Licensed

Multistate

Original Date: 02/20/2008

Expiration Date: 03/31/2019

View:

[Practitioner Profile](#)

[Certification Letter](#)

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Licensure Verification Search Results

You are viewing page 1 of 1...

1. PELL, JEANIE M
Cleveland, TN 37323

License Number: 52595

View:

Status: Licensed

[Practitioner Profile](#)

Multistate

Profession: Registered Nurse

Original Date: 09/11/1980

Rank: Registered Nurse

Expiration Date: 06/30/2018

[Certification Letter](#)

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Licensure Verification Search Results

You are viewing page 1 of 1...

1. MILLIGAN , BRANDY N
Cleveland, TN 37323

License Number: 81982

View:

Status: Licensed

Multistate

Profession: Licensed Practical Nurse

Original Date: 10/03/2012

Rank: Licensed Practical Nurse

Expiration Date: 05/31/2018

[Certification Letter](#)

You are viewing page 1 of 1...

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Licensure Verification
Search Results

You are viewing page 1 of 1...

1. DENTON, ROBIN M Cleveland, TN 37323	License Number: 64867 Status: Licensed Multistate Original Date: 11/03/2003 Expiration Date: 01/31/2019	View: Practitioner Profile Certification Letter
---	---	---

You are viewing page 1 of 1...

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Renewal No.
636916

State of Tennessee
Division Of Health Related Boards

09932687
License No.
LPN0000075376

This Certifies that

MULTISTATE

DEYURE R GOODMAN

whose credentials have been approved by the:

BOARD OF NURSING

*has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized:* LICENSED PRACTICAL NURSE

in the State of Tennessee through DECEMBER, 31, 2017

TENNESSEE DEPARTMENT OF HEALTH



Commercia OHO

DIRECTOR, HEALTH RELATED BOARDS

John D. Dyke
COMMISSIONER

STATE OF TENNESSEE
DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE: 07/31/2016 LICENSE NO: RN0000171701 RENEWAL NO: 1473BR4

THIS IS TO CERTIFY THAT
SHANNON K. PAYNE
IS A DULY LICENSED
REGISTERED NURSE
IN THE STATE OF TENNESSEE AS REQUIRED BY THE
TENNESSEE CODE ANNOTATED.

Shannon K. Payne
DIRECTOR, HEALTH RELATED BOARDS SIGNATURE

Renewal No.
447028

State of Tennessee
Division Of Health Related Boards

9798312
License No.
PT0000003715

This Certifies that
RONI ARLEEN RAWLS

whose credentials have been approved by the:

BOARD OF PHYSICAL THERAPY

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: PHYSICAL THERAPIST

in the State of Tennessee through OCTOBER 31, 2017



Q. J. J. J. J. *Q. J. J. J. J.*
DIRECTOR, HEALTH RELATED BOARDS

141

DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE: 12/31/2018 LICENSE NO: LDN0000002613 RENEWAL NO: 321422

THIS IS TO CERTIFY THAT:
BOZENA P WENTLAND
IS A DULY LICENSED
LICENSED DIETITIAN/NUTRITIONIST
IN THE STATE OF TENNESSEE AS REQUIRED BY THE
TENNESSEE CODE ANNOTATED.

[Signature]
COMMISSIONER OF HEALTH

SIGNATURE

WENTLAND, BOZENA PREMEC
5524 MISTY VALLEY DR
OOLTEWAH TN 37363-6815
|||||

Renewal No. 321422

State of Tennessee
Department of Health
Division of Health Related Boards

License No. LDN0000002613

This Certifies that

BOZENA PREMEC WENTLAND
whose credentials have been approved by the:
BOARD OF DIETITIAN/NUTRITIONIST EXAMINERS
has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: LICENSED DIETITIAN/NUTRITIONIST
in the State of Tennessee through DECEMBER 31, 2018

 *Rosemarie Otto*
DIRECTOR, HEALTH-RELATED BOARDS

[Signature]
COMMISSIONER

Behavior Analyst Certification Board, Inc.[®]



This Certificate Verifies That

Tammy Davis

Certificant 0-14-6062

BACB® Certificate Number



In accordance with generally recognized credentialing standards, has met the educational, experiential, and examination requirements of the Behavior Analyst Certification Board, Inc.[®] for certification as a

Board Certified Assistant Behavior Analyst[®]



Date First BACB Certified:

5/31/2014

Date of Issue:

5/31/2014

Renewal Date:

5/31/2017

[Signature]
President, Board of Directors

[Signature]
Chief Executive Officer

This Certificate must be renewed on an annual basis prior to the anniversary of the Date of Issue. BACB's are required by a BCBA and to document their supervision annually.

©2013 Behavior Analyst Certification Board, Inc.[®] (BACB). All Rights Reserved. This Certificate and the marks "BCBA", "BCBA-P", "BCBA-P", "Board Certified Behavior Analyst", "Board Certified Assistant Behavior Analyst", and "Board Certified Behavior Analyst" may only be used in accordance with the rules and standards of the BACB. This Certificate is a limited license to use the BACB certification mark listed above, subject to continued compliance with BACB standards. This Certificate may be revoked or limited in accordance with BACB rules. This Certificate must be returned immediately upon request by the BACB. To verify current certification status, contact the BACB Office.

143

Licensure Verification

Search Results

You are viewing page 1 of 1...

1. COBB, DAVID SCOTT
Cleveland, TN 37323

Profession: Occupational Therapist**Rank:** Occupational Therapist**Qualifications:**

Electrical Stimulation Certification - Q

Thermal Agents Certification - Q

License Number: 2755**Status:** Licensed**Original Date:** 04/25/2001**Expiration Date:** 09/30/2018

View:

[Practitioner Profile](#)[Certification Letter](#)

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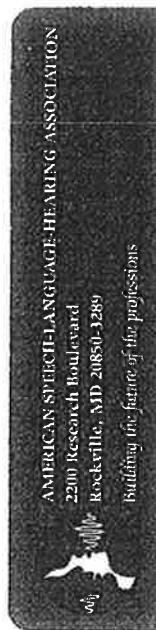
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Twitter



YouTube



Alisha Y Lewis

Affiliation Status: **Member**
 Certification Status: **CCC-SLP**

SIGs:

12083609
 Account Number
12/31/2017
 Valid Through

Alisha Y. Lewis
 Chief Executive Officer

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Summers House

(Name of Facility or Service as Known to the Public)

4755 Frontage Road, Cleveland, TN 37364

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Residential Habilitation Facility	Y	N	N		12	Small Residential Board & Care, Slow Evacuation Capability

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015251

License Number

Sandra K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15251

146

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
PERSONAL SUPPORT SERVICES:

Wright House

(Name of Facility or Service as Known to the Public)

2611 Bower Lane S.E., Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
ID & DD Institutional Habilitation Facility	Y	Y	Y	6	Health Care

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015253

License Number

Dalena K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15253

147

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Life Bridges, Inc.

(Name of Facility or Service as Known to the Public)

764 Old Chattanooga Pike S.W., Cleveland, TN 37364-0029

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory Individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
ID & DD Placement Services	Y	n/a	n/a	n/a	Business
ID & DD Respite Care Services	Y	n/a	n/a	n/a	Business
ID & DD Supported Living Services	Y	n/a	n/a	n/a	Business
ID Adult Habilitation Day Facility/Services - Community Based	Y	Y	Y	n/a	Business
ID Semi-Independent Living Services	Y	n/a	n/a	n/a	Business

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015254

License Number

Debra K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

15254

Page 1 of 3

**STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES**



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
PERSONAL SUPPORT SERVICES:

Life Bridges, Inc.

(Name of Facility or Service as Known to the Public)

764 Old Chattanooga Pike S.W., Cleveland, TN 37364-0029

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
Personal Support Services Agency	n/a	n/a	n/a	n/a	n/a

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015254

License Number

Dalena K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

15254
L000000015254

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
 LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
 PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
 PERSONAL SUPPORT SERVICES:

Life Bridges, Inc. II

(Name of Facility or Service as Known to the Public)

764 Old Chattanooga Pike S.W, Cleveland, TN 37364-0029

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
 WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
 DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID Adult Habilitation Day Facility/Services -- Center Based	Y	Y	Y		n/a	Health Care

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015255

License Number

Dalea K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15255

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES



LICENSE

THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF MENTAL HEALTH, PERSONAL SUPPORT, OR ALCOHOL AND DRUG ABUSE SERVICES:

Life Bridges, Inc.

(Name of Facility or Service as Known to the Public)

764 Old Chattanooga Pike S.W., Cleveland, TN 37364-0029

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED.

License Category	Accessible to mobile, non- ambulatory individuals	Approved for persons w		Capacity
		hearing loss	vision loss	
Mental Health Outpatient Facility	Y	Y	Y	n/a

January 01, 2017
Effective Date

December 31, 2017
Date License Expires

L000000019380
License Number

Commissioner of Mental Health and Substance Abuse Services

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

19380

Site ID: 2977

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
 LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
 PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
 PERSONAL SUPPORT SERVICES:

McIntire House

(Name of Facility or Service as Known to the Public)

207 Kile Lake Road, Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
 WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
 DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Institutional Habilitation Facility	Y	Y	Y		4	Residential Board and Care

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015249

License Number

Dalena K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15249

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
 LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
 PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
 PERSONAL SUPPORT SERVICES:

Wilson House

(Name of Facility or Service as Known to the Public)

1100 Blythe Ferry Road, Cleveland, TN 37364

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
 WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
 DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory Individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Residential Habilitation Facility	Y	Y	Y		12	Small Residential Board & Care, Slow Evacuation Capability

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015252

License Number

Darla K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15252

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Pettit House

(Name of Facility or Service as Known to the Public)

3004 Pleasant Grove Road, Cleveland, TN 37311

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Residential Habilitation Facility	N	N	N		8	Small Residential Board & Care, Slow Evacuation Capability

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015250

License Number

Debra K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15250

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STATE OF TENNESSEE

DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
PERSONAL SUPPORT SERVICES:

Cate House

(Name of Facility or Service as Known to the Public)

2601 Bower Lane S.E., Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory Individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Institutional Habilitation Facility	Y	Y	Y		6	Health Care

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015246

License Number

Debra K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15246

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
PERSONAL SUPPORT SERVICES:

Edgemon House

(Name of Facility or Service as Known to the Public)

209 Kile Lake Road, Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Institutional Habilitation Facility	Y	Y	Y		4	Residential Board and Care

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015247

License Number

Dalva K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15247

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL
 LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE
 PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR
 PERSONAL SUPPORT SERVICES:

Fair House

(Name of Facility or Service as Known to the Public)

110 Country Club Drive., Cleveland, TN 37311

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND
 WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING
 DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
ID & DD Residential Habilitation Facility	Y	N	Y		4	Healthcare

January 01, 2017

Date License Granted

December 31, 2017

Date License Expires

L000000015248

License Number

Debra K. Payne

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

15248

License No: III/0023A



State of Tennessee Annual License

This is to certify that the Tennessee Department of Human Services hereby grants this license to LIFE BRIDGES, INC. to operate an Adult Day Care Center located at 764 Old Chattanooga Pike, in Cleveland, County of Bradley, Tennessee, for a maximum of ten (10) participants.

This license shall expire December 31, 2017, and is subject to the provisions of TCA §§ 71-2-401 et seq.

This license shall not be assignable or transferable and shall be subject to revocation at any time, by the State Department of Human Services for failure to comply with the law of the State of Tennessee or the Standards of the State Department of Human Services issued thereunder.

In witness thereof, we have hereunto set our hand this 15th day of December, 2016.

Notations:

Authorized to provide transportation to/from facility, to/from home and for field trips

Owner: Life Bridges, Inc.

Director: Allen Nope

Chairman: Dr. Raymond Brown

Raquell Helke
Commissioner

Chadman Brown
Issuing Officer

Board for Licensing Health Care Facilities

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State of

Tennessee

License No. PSS000000000007

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

LIFE BRIDGES, LLC

to conduct and maintain a

Professional Support Services Facility LIFE BRIDGES, INC.

Located at 764 OLD CHATTANOOGA PIKE, CLEVELAND

County of BRADLEY, Tennessee.

This license shall expire APRIL 30, 2018, *and is subject*
to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable,
and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the
laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 13TH *day of* APRIL, 2017.

SKILLED NURSING
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

In the Distinct Category(ies) of:



By Quinn J. Davis, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dwyer, MD
COMMISSIONER

CARF INTERNATIONAL

February 4, 2016

Diana L. Jackson, M.Ed., LCSW, M.S.S.W.
 Life Bridges/Bradley/Cleveland Property Management and Development, Inc.
 764 Old Chattanooga Pike SW
 Cleveland, TN 37311

Dear Mrs. Jackson:

It is my pleasure to inform you that Life Bridges/Bradley/Cleveland Property Management and Development, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following service(s):

Community Employment Services: Employment Supports
 Community Employment Services: Job Development
 Community Housing
 Community Integration
 Host Family/Shared Living Services
 Organizational Employment Services
 Services Coordination
 Supported Living
 Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
 Community Housing: Psychosocial Rehabilitation (Adults)
 Community Integration: Psychosocial Rehabilitation (Adults)

This accreditation will extend through January 31, 2019. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from John Hannon by email at jhannon@carf.org or telephone at (888) 281-6531, extension 7198.

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in cursive script that reads "Brian J. Boon, Ph.D.".

Brian J. Boon, Ph.D.
President/CEO

Enclosures

Organization

Life Bridges/Bradley/Cleveland Property
Management and Development, Inc. (LBD)
764 Old Chattanooga Pike SW
Cleveland, TN 37311

Organizational Leadership

Diana L. Jackson, M.Ed., LCSW, M.S.S.W.
CEO

Kenneth A. Nope, LPC-MHSP
Day Services/Quality Assurance, Director

**Three-Year Accreditation****Survey Dates**

December 9-11, 2015

Survey Team

William M. Ferney, M.Ed., CADAC, LADC I, Administrative Surveyor

Julia Dotson, LAC, Program Surveyor

Stuart Munger, Program Surveyor

Deborah Jones, M.Ed., Program Surveyor

Programs/Services Surveyed

Community Employment Services: Employment Supports

Community Employment Services: Job Development

Community Housing

Community Integration

Host Family/Shared Living Services

Organizational Employment Services

Services Coordination

Supported Living

Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)

Community Housing: Psychosocial Rehabilitation (Adults)

Community Integration: Psychosocial Rehabilitation (Adults)

Previous Survey

December 12-14, 2012

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: January 31, 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2611 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETION DATE
W 125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 3 clients (Client #3) was able to choose when to wake up in the morning resulting in Client #3 sleeping in her wheelchair for an hour and a half prior to her morning medications.</p> <p>The findings included:</p> <p>An observation at the home on 9/27/16 between 7:00 am to 8:34 am revealed Client #3 slept in her wheelchair. Continued observation revealed no activities were offered to Client #3. Continued observation revealed the nurse woke Client #3 at 8:34 am for her medication.</p> <p>A review of Client #3's Current Medication List, dated 7/11/16, revealed: "All Medications ordered 7:00 am give at 8:00 am".</p> <p>A review of Client #3's AT schedule, undated, revealed: "8:00 am - 10:00 am: Breakfast and medications..."</p> <p>A review of Client #3's daily schedule, provided to surveyors on 9/28/16, revealed: "8:00 am to 10:00 am: Medications, breakfast, shower".</p> <p>During an interview with the 3rd Shift Supervisor in the dining room on 9/27/16 at 7:15 am revealed</p>	W 125	<p>W125</p> <p>Corrective action: Program Manager will amend daily active treatment schedule in ISP to reflect medication times.</p> <p>Identification: Program manager reviewed the practice and found that no other individual in the home is effected by the deficit.</p> <p>Preventative Measures: Supervisors will provide training on protection of client rights, including choice of when to wake up in the morning and other activities.</p> <p>Monitoring: Program Manager and supervisors will monitor that client choices and rights are being protected by ensuring daily schedules are person-centered and up to date.</p>	11/12/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Diana Jackson CEO

CEO

10-18-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 125	Continued From page 1 Client #3 has to get up early for her medications. Continued interview confirmed staff typically got Client #3 up between 7:00 am and 7:30 am. Continued interview confirmed Client #3 was up by 7:00 am this morning. During an interview with the 1st Shift Supervisor in the dining room on 9/27/16 at 8:10 am revealed Client #3 used to take a medication at 7:00 am she needed to be up for, however, she no longer takes that medication. Continued interview revealed she is unsure why Client #3 is still getting up so early. During an interview with the Qualified Intellectual Disabilities Professional (QIDP), in the conference room on 9/28/16 at 10:10 am, the QIDP confirmed Client #3 used to get up between 6:00 am - 7:00 am for medication; however, it is no longer necessary. Continued interview confirmed Client #3 should not have to get up prior to 8:00 am.		W 125		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on review of Reportable Incident Forms, internal investigations, and interview, the facility failed to report the results of an internal investigation within five working days after an expected death occurred for 1 unsampled client (Client #4).		W 156	W156 Corrective Action: Written expected death review was completed upon realization of oversight as noted in Statement of Deficiencies Identification: No other individuals were at risk. Preventative Measures: Written investigations will be completed on all deaths. Monitoring: The ICF/IID Director will ensure the completion of all death investigations.	11/12/16

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 156	Continued From page 2 The findings included: A review of a Reportable Incident Form for Client #4, dated 7/16/16, revealed Client #4 was hospitalized and passed away due to pneumonia. A review of Agency Death Review of the investigation of Client #4's death was dated 9/27/16. During an interview with the Intermediate Care Facility Director (ICFD) in a vacant office, on 9/25/16 at 2:35 pm, the ICFD confirmed the facility did not complete the investigation of the expected death of Client #4 within five working days.	W 156			
W 218	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the sensorimotor needs of 1 of 3 sampled clients (Client #2) were assessed prior to the development of the Individual Support Plan (ISP). The findings included: An observation at the home on 9/26/16 at 5:51 pm revealed Client #2 sitting at the dining room table with Direct Support Professional (DSP) #1. Continued observation revealed Client #2 working a wooden puzzle with DSP #1. Continued observation revealed Client #2 attempted to place a wooden puzzle piece in her mouth twice, DSP	W 218	W218 Corrective Action: Occupational Therapist (OT) re-assessed Client #2 in regard to oral stimulation needs. An oral stimulation plan was created. This plan addresses mouthing and flicking objects against her teeth and gives instructions on how to help Client #2 meet sensory needs. Identification: No other individuals are at risk. Preventative Measures: OT will review plans and assess any sensory needs as a part of ongoing quarterly review and OT assessments. (con't on next page)	11/12/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 218	<p>Continued From page 3</p> <p>#1 redirected her to placing the puzzle piece on the puzzle.</p> <p>An observation in the day program sensory room on 9/27/16 from 9:50 am to 10:35 am revealed Client #2 sitting at a small table with a wooden stacking toy with DSP #2. Continued observation revealed Client #2 placing wooden pieces (one at a time) in her mouth and flicking them against her teeth. Continued observation revealed she did this behavior with several pieces, placing the piece back in the box and picking up another one. Continued observation revealed the paint had been worn off of all the corners of the pieces.</p> <p>An observation in the day program sensory room on 9/28/16 at 11:45 am revealed Client #2 sitting at a small table with a wooden stacking toy with DSP #2. Continued observation revealed Client #2 placing wooden pieces (one at a time) in her mouth and flicking them against her teeth.</p> <p>A review of Client #2's Comprehensive Functional Assessment (CFA), dated 8/2016, revealed no discussion of Client #2's mouthing and flicking objects.</p> <p>A review of Client #2's ISP, dated 9/23/16, revealed no discussion of Client #2's mouthing and flicking objects.</p> <p>A review of Client #2's Behavior Support Plan (BSP), dated 8/25/16, revealed no discussion of Client #2's mouthing and flicking objects.</p> <p>A review of Client #2's Occupational Therapy (OT) Assessment, dated 6/7/16, revealed: "Sensory: [Client #2] tolerates clothing and food textures. She does not have any unnecessary</p>		W 218	(cont from previous page)	<p>Monitoring: ICF/IID Program Manager will monitor quarterly OT notes and annual assessments and communicate as needed with OT to ensure appropriate services are rendered and plans are followed.</p>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 218	Continued From page 4 motions. She does not rock back and forth, make repeated noises, rub herself or push or demonstrate any signs of sensory deficits. [Client #2] does hit herself mostly due to environmental reasons. OT has worked with [Client #2] in the past for reduction of behaviors with sensory integration techniques, joint compressions, brushing plan, sensory swing, vibration, various toys with vibration and textures and sensory lights all without success." Continued review revealed no discussion of Client #2's mouthing and flicking objects. During an interview with DSP #2, in the day program sensory room, on 9/27/16 at 10:12 am, DSP #1 confirmed Client #2 likes to mouth/flick the wooden pieces in her mouth. Further interview revealed Client #2 doesn't like other sensory items and confirmed Client #2 had worn off the paint from the wooden pieces by putting them in her mouth. Continued interview confirmed she is unaware of any programs for Client #2 to help reduce the mouthing of items. Continued interview revealed Client #2 is calmer the rest of the day if she is allowed to mouth items prior to going to other outings (library, nursing home, mall, etc.). During an interview with the Qualified Intellectual Disabilities Professional (QIDP), in the conference room on 9/28/16 at 10:10 am, the QIDP confirmed Client #2's mouthing/flicking items in her mouth have not been addressed by OT or in her CFA and is not mentioned in her ISP. Continued interview confirmed she is aware of Client #2's behavior of putting items in her mouth.	W 218			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION	W 249			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX, TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 5 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the Individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide continuous active treatment (AT) for 1 of 3 sampled clients (Client #1). The findings included: A review of Client #1's Individual Support Plan (ISP) revealed "Planning Meeting: Date 7/6/16" further review revealed "ISP Effective Date: 8/8/16". A review of Client #1's Planning Team Meeting revealed "Date: 7/6/16". Continued review revealed the document was signed by participants on 7/6/16. During an interview with the Qualified Intellectual Disabilities Professional (QIDP), in the conference room on 9/28/16 at 10:10 am, the QIDP confirmed there were 33 days between Client #1's ISP meeting date and the ISP effective date. Continued interview revealed it was the Facility's procedure to have the effective date line up with last years ISP effective date. Continued interview confirmed the new ISP was not implemented immediately following the Planning	W 249	W249 Corrective Action: ISP will go into effect with no delay after the IDT has formulated the ISP. Identification: No other individuals were at risk. Preventative Measures: Program Manager will track ISP and meeting dates completing ISP with no delay following the IDT meeting. Monitoring: ICF/IID Director will provide ongoing supervision to ensure no delays are encountered.	11/12/16

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page 6 Team Meeting.	W 249			
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure pre-sedation medications for lab work were used only as part of the Individual Support Plan (ISP) including a program for desensitization for 1 of 3 sampled clients (Client #3). The findings included: A review of Client #3's Psychotropic Medication History revealed: "Ativan 2 mg, 1 hour prior to appointment, 8/6/16". Continued review revealed: "Ativan 2 mg, 2 hours prior to lab work, 3/8/16". A review of Client #3's ISP, dated 8/24/16, revealed no mention of Client #3 needing pre-sedation medication for lab work. Further review revealed no evidence of current or past desensitization programs to attempt to decrease the need for pre-sedation medication for lab work. During an interview with the Qualified Intellectual Disabilities Professional (QIDP), in the conference room on 9/28/16 at 11:03 am, the QIDP confirmed there was no desensitization program in place for Client #3 to address her	W 312	W312 Corrective Action: Program Manager will consult with PCP and Behavioral Analyst for causation of the need for a pre-med for labs and recommended desensitization options. The results of these consultations will be brought to the COS, along with the history of pre-meds/labs for a decision on the best plan moving forward for Client #3. The history of needing pre-medication for labs will be added to the ISP. Identification: No others in the home are at risk for this issue. Preventative Measures: Program manager will review plans and any pre-sedation medication ensuring that the ISP addresses needs for pre-sedation medication. Desensitization programs will be implemented if pre-sedation medication is needed. Monitoring: ICF/IID Charge Nurse will routinely review all medical orders with special attention to issues regarding orders for pre-meds.	11/12/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 312	Continued From page 7 anxiety prior to lab work.	W 312			
W 454	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean, sanitary environment for 1 of 3 sampled clients (Client #2). The findings included: An observation in the day program sensory room on 9/27/16 from 9:50 am to 10:35 am revealed Client #2 sitting at a small table with a wooden stacking toy with DSP #2. Continued observation revealed Client #2 placing wooden pieces (one at a time) in her mouth and flicking them against her teeth. Continued observation revealed she did this behavior with several pieces, placing the piece back in the box and picking up another one. Continued observation revealed the paint had been worn off of all the corners of the pieces. Continued observation revealed at 10:35 am, DSP #2 replaced blocks into their box and placed the box back on the bookshelf. An observation in the day program sensory room on 9/28/16 at 11:45 am revealed Client #2 sitting at a small table with a wooden stacking toy with DSP #2. Continued observation revealed Client #2 placing wooden pieces (one at a time) in her mouth and flicking them against her teeth. During an interview with DSP #2, in the day program sensory room, on 9/27/16 at 10:35 am,	W 454	W454 Corrective Action: The sensory room was thoroughly cleaned with all damaged items being discarded. New items were purchased as needed. Identification: ICF Director reviewed the current practice and found that other individuals using the room could possibly be at risk. Preventative Measures: Staff will be trained to sanitize the sensory room appropriately after each use and weekly. Program Manager developed per use and weekly cleaning schedules. Monitoring: ICF/IID Case Manager along with supervisors will monitor sanitation of sensory room via both documentation and observation.	11/12/16	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2016
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES WRIGHT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 454	Continued From page 8 DSP #2 confirmed all clients attending the day program have access to the sensory room. Continued interview revealed she is unsure if the individual items on the bookshelf are ever cleaned. Continued interview confirmed she does not clean the items after Client #2 has had them in her mouth. During an interview with the Qualified Intellectual Disabilities Professional (QIDP), in the conference room on 9/28/16 at 10:10 am, the QIDP confirmed any item placed in Client #2's mouth should be cleaned prior to returning them to the bookshelf.	W 454			

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Attachment Section D Health Care D2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: RWW9
Facility ID: TNP5388

1. MEDICARE/MEDICAID PROVIDER NO. (L1) **44G091**

2. STATE VENDOR OR MEDICAID NO. (L2)

3. NAME AND ADDRESS OF FACILITY (L3) **LIFE BRIDGES WRIGHT HOUSE**
(L4) **2611 BOWER LANE S E**
(L5) **CLEVELAND, TN** (L6) **37323**

4. TYPE OF ACTION: **2 (L8)**
1. Initial 2. Recertification
3. Termination 4. CHOW
5. Validation 6. Complaint
7. On-Site Visit 9. Other
8. Full Survey After Complaint

5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)

6. DATE OF SURVEY **09/28/2016** (L34) (L10)

7. PROVIDER/SUPPLIER CATEGORY 11 (L7)
01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA
02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF
03 SNF/NF/Distinct 07 X-Ray 11 ICF/HD 15 ASC
04 SNF 08 OPT/SP 12 RHC 16 HOSPICE

8. ACCREDITATION STATUS:
0 Unaccredited 1 TJC
2 AOA 3 Other

10. THE FACILITY IS CERTIFIED AS:
X
A. In Compliance With
Program Requirements Compliance Based On:
1. Acceptable POC
And/Or Approved Waivers Of The Following Requirements:
2. Technical Personnel 6. Scope of Services Limit
3. 24 Hour RN 7. Medical Director
4. 7-Day RN (Rural SNF) 8. Patient Room Size
5. Life Safety Code 9. Beds/Room
* Code: **A*** (L12)

11. LTC PERIOD OF CERTIFICATION
From (a) **09/01/2016**
To (b) **11/30/2017**

12. Total Facility Beds **6** (L18)

13. Total Certified Beds **6** (L17)

14. LTC CERTIFIED BED BREAKDOWN
18 SNF 18/19 SNF 19 SNF ICF IID
(L37) (L38) (L39) (L42) (L43)
6

15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE *Christine Kerp* Date **10/27/2016** (L19)

18. STATE SURVEY AGENCY APPROVAL *Belen Ha* Date **10/27/2016** (L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
X 1. Facility is Eligible to Participate
2. Facility is not Eligible (L21)

20. COMPLIANCE WITH CIVIL RIGHTS ACT:

21. 1. Statement of Financial Solvency (HCFA-2572)
2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)
3. Both of the Above :

22. ORIGINAL DATE OF PARTICIPATION **10/10/1995** (L24)

23. LTC AGREEMENT BEGINNING DATE **09/01/2016** (L41)

24. LTC AGREEMENT ENDING DATE **11/30/2017** (L25)

26. TERMINATION ACTION: (L30)
VOLUNTARY 00
01-Merger, Closure 05-Fail to Meet Health/Safety
02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement
03-Risk of Involuntary Termination
04-Other Reason for Withdrawal
OTHER
07-Provider Status Change
00-Active

25. LTC EXTENSION DATE: (L27)

27. ALTERNATIVE SANCTIONS
A. Suspension of Admissions: (L44)
B. Rescind Suspension Date: (L45)

28. TERMINATION DATE: (L28)

29. INTERMEDIARY/CARRIER NO. (L31)

30. REMARKS

31. RO RECEIPT OF CMS-1539 (L32)

32. DETERMINATION OF APPROVAL DATE **11/01/2016** (L33)

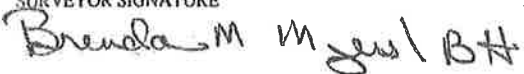
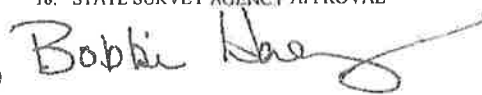
DETERMINATION APPROVAL

**MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY**

ID: CGIS

Facility ID: TNP5387

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 44G090	3. NAME AND ADDRESS OF FACILITY (L3) LIFE BRIDGES CATE HOUSE	4. TYPE OF ACTION: 2 (L8)
2. STATE VENDOR OR MEDICAID NO. (L2)	(L4) 2601 BOWER LANE S E (L5) CLEVELAND, TN	(L6) 37323
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)	7. PROVIDER/SUPPLIER CATEGORY 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTE 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/HID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE	1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint
6. DATE OF SURVEY 10/21/2016 (L34) (L10)	8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	FISCAL YEAR ENDING DATE: (L35) 06/30
11. LTC PERIOD OF CERTIFICATION From (a) : 10/01/2016 To (b) : 12/31/2017	10. THE FACILITY IS CERTIFIED AS: X A. In Compliance With Program Requirements Compliance Based On: 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers:	And/Or Approved Waivers Of The Following Requirements: 2. Technical Personnel 6. Scope of Services Limit 3. 24 Hour RN 7. Medical Director 4. 7-Day RN (Rural SNF) 8. Patient Room Size 5. Life Safety Code 9. Beds/Room
12. Total Facility Beds 6 (L18)	13. Total Certified Beds 6 (L17)	* Code: A* (L12)
14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID (L37) (L38) (L39) (L42) (L43)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):		

17. SURVEYOR SIGNATURE 	Date: 11/13/2016	18. STATE SURVEY AGENCY APPROVAL 	Date: 11/13/2016
	(L19)		(L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY X 1. Facility is Eligible to Participate 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT:	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above:
22. ORIGINAL DATE OF PARTICIPATION 10/10/1995 (L24)	23. LTC AGREEMENT BEGINNING DATE 10/01/2016 (L41)	24. LTC AGREEMENT ENDING DATE 12/31/2017 (L25)
25. LTC EXTENSION DATE: (L27)	26. TERMINATION ACTION: VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	(L30) INVOLUNTARY 05-Fail to Meet Health/Safety 06-Fail to Meet Agreement OTHER 07-Provider Status Change 00-Active
27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)	28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. (L31)
30. REMARKS	31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE 11/29/2016 (L33)
DETERMINATION APPROVAL		

(1.20)

DETERMINATION APPROVAL

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: VX7T

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: TNP538137

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 44G141	3. NAME AND ADDRESS OF FACILITY (L3) LIFE BRIDGES MCINTIRE HOUSE	4. TYPE OF ACTION: 2 (L8)
2. STATE VENDOR OR MEDICAID NO. (L2)	(L4) 207 KILE LAKE ROAD (L5) CLEVELAND, TN	(L6) 37323
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)	7. PROVIDER/SUPPLIER CATEGORY 11 (L7)	1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint
6. DATE OF SURVEY 02/23/2017 (L34)	01 Hospital 02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF 05 HHA 06 PRTF 07 X-Ray 08 OPT/SP 09 ESRD 10 NF 11 ICF/HID 12 RHC 13 PTIP 14 CORF 15 ASC 16 HOSPICE 22 CLIA	FISCAL YEAR ENDING DATE: (L35)
8. ACCREDITATION STATUS: 0 Unaccredited 2 AOA 1 TJC 3 Other	10 THE FACILITY IS CERTIFIED AS: X A. In Compliance With Program Requirements Compliance Based On: 1. Acceptable POC	And/Or Approved Waivers Of The Following Requirements: 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNF) 5. Life Safety Code 6. Scope of Services Limit 7. Medical Director 8. Patient Room Size 9. Beds/Room
11. LTC PERIOD OF CERTIFICATION From (a) 02/01/2017 To (b) 04/30/2018	B. Not in Compliance with Program Requirements and/or Applied Waivers:	* Code: A* (L12)
12. Total Facility Beds 4 (L18)	13. Total Certified Beds 4 (L17)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)
14. LTC CERTIFIED BED BREAKDOWN 18 SNF (L37) 18/19 SNF (L38) 19 SNF (L39) ICF (L42) HID (L43) 4		
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):		
17. SURVEYOR SIGNATURE <i>Brenda Myers/bo</i> Date: 05/05/2017 (L19)	18. STATE SURVEY AGENCY APPROVAL <i>Bobbie Halpin/bo</i> Date: 05/08/2017 (L20)	

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY X 1. Facility is Eligible to Participate 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT:	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above:
22. ORIGINAL DATE OF PARTICIPATION 02/23/2011 (L24)	23. LTC AGREEMENT BEGINNING DATE 02/01/2017 (L41)	24. LTC AGREEMENT ENDING DATE 04/30/2018 (L25)
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)	26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> 00 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal 05-Fail to Meet Health/Safety 06-Fail to Meet Agreement <u>OTHER</u> 07-Provider Status Change 00-Active
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. (L31)	30. REMARKS
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE 05/09/2017 (L33)	DETERMINATION APPROVAL



State of Tennessee

Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

July 5, 2017

Ms. Teresa Tuten
ICF/IID Director
PO Box 29
Cleveland, TN 37364

RE: Certificate of Need Application -- Life Bridges, Inc. - CN1706-019
The relocation of a 6-bed ICF/IID home from 2611 Bower Lane to 4755 Frontage Road NW. The estimated project cost is \$635,000.

Dear Ms. Tuten:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Theresa C. Sloan at the Tennessee Department of Intellectual and Developmental Disabilities for Certificate of Need review by the Office of General Counsel. You may be contacted by someone from Ms. Sloan's office for additional clarification while the application is under review by the Department. Ms. Sloan's contact information is Theresa.C.Sloan@tn.gov or 615-253-8731.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 30-day review cycle for **CONSENT CALENDAR** for this project will begin on July 6, 2017. The first thirty (30) days of the cycle are assigned to the Tennessee Department of Intellectual and Developmental Disabilities, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the thirty (30) day period, a written report from the Department of Intellectual and Developmental Disabilities or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on August 23, 2017.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Melanie M. Hill". The signature is fluid and cursive, with the first name "Melanie" being more prominent than the last name "Hill".

Melanie M. Hill
Executive Director

cc: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities



State of Tennessee

Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

MEMORANDUM

TO: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities
Citizens Plaza State Office Building 10th Floor
400 Deaderick Street
Nashville, TN 37243-1403

FROM: Melanie M. Hill
Executive Director

DATE: July 5, 2017

RE: Certificate of Need Application
Life Bridges, Inc. - CN1706-019
CONSENT CALENDAR

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a **CONSENT CALENDAR** thirty (30) day review period to begin on July 6, 2017 and end on August 6, 2017.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: Teresa Tuten

1000



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, TN 37243

www.tn.gov/hstda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Cleveland Daily Banner which is a newspaper
 of general circulation in Bradley, Tennessee, on or before June 9, 20 17,
 (County) (Month / day) (Year)
 for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Life Bridges, Inc. Private Non-Profit ICF/IID
 (Name of Applicant) (Facility Type-Existing)

owned by: Life Bridges, Inc. with an ownership type of Private Non-Profit Corporation
 and to be managed by: Life Bridges, Inc. intends to file an application for a Certificate of Need
 for [PROJECT DESCRIPTION BEGINS HERE]: _____

This proposal requests the relocation of a 6 licensed bed ICF/IID home from 2611 Bower Lane, Cleveland, TN to

4755 Frontage Road NW, Cleveland, TN. The estimated cost of the project is \$635,000

The anticipated date of filing the application is: June 9, 20 17

The contact person for this project is Teresa Tuten ICF/IID Director
 (Contact Name) (Title)

who may be reached at: Life Bridges, Inc. P.O. Box 29
 (Company Name) (Address)

Cleveland TN 37364 423 / 421-1608
 (City) (State) (Zip Code) (Area Code / Phone Number)

Teresa W. Tuten 6/6/17 teresatuten@lifebridgesonline.com
 (Signature) (Date) (E-mail Address)

The Letter of Intent must be **filed in triplicate and received between the first and the tenth day of the month.** If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Supplemental #1

Life Bridges, Inc.

CN1706-019

Life Bridges, Inc.

June 21, 2017

10:01 am

P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492

Nationally Accredited With Commendation
Commission on Accreditation of Rehabilitation Facilities

Diana Jackson
Executive Director
C. Dewayne Knight,
MD
Senior Medical
Director
Troy D. Gilson, MD
Psychiatric

June 19, 2017

Phillip M. Earhart
Health Services Development Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243

RE: Certificate of Need Application CN 1706-019
Life Bridges, Inc.

Dear Mr. Earhart,

Please find enclosed the supplemental information you requested. We hope this will facilitate our consent calendar request for this project.

Thanks so much for all of your assistance in this matter.

Respectfully,



Teresa W. Tuten, MA
ICF/IID Director
Life Bridges, Inc.
(423)421-1608
(423)478-7772 FAX
teresatuten@lifebridgesonline.com

1. Section A, Project Details, Item 6.B (1) Plot Plan

What type of home labeled “G” is located in the lot adjacent to the proposed site?

Response: “G” is a single family home. The closest residential facility is 0.8 miles from 4755 Frontage Road.

Tennessee Code Annotated 33-2-418 indicates that the DMHDD “shall not license more than two (2) such residential facilities within five hundred (500) yards in any direction from other such facilities housing service recipients. Please verify the proposed ICF/IID facility is not located at least 500 yards from other similar facilities.

Please complete the following table of driving distances and driving time for basic services from the proposed ICF/IID location:

Service	Closest Location	Driving Distance	Driving Time
Nearest Incorporated City	Cleveland	0.0 located in Cleveland City limits	0.0 located in Cleveland City limits
Hospital	Tennova	3.8 miles	10 minutes
Physician Offices	Varies		
EMS/Fire Station	Cleveland Fire Dept. Guthrie St.	3.3 miles	7 minutes
Day Treatment (if applicable)	Life Bridges, Inc.	7.9 miles	17 minutes

June 21, 2017**10:01 am****2. Section A, Project Details, Item 9 Medicaid/TennCare Participation**

It is noted the project is 100% funded by TennCare. If so, please explain the reason the applicant will have no MCO contracts.

Response: ICF/IID funding comes from the Federal Medicaid Program which comes through TennCare. The MCOs are involved in the HCBS (State) Medicaid waivers. These are completely separate funding sources with different policies and guidelines.

10:01 am

3. Section B, Need Item D Population Demographics

The table on page 25 is noted. Please identify the target population in the table.

[illegible]

4. Section C. Need Item 1. (Project Specific Criteria)

Please complete a. and b. below.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW**CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF
HEALTH CARE INSTITUTIONS**

For relocation or replacement of an existing licensed health care institution:

- a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.**

Response: Reference pp. 42-43 in the CON application.

- b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.**

Response: Life Bridges ICF/IID has a 99% occupancy rate over the past three years. ICF/IID services have been provided by this agency for 22 years. The only opening in the last three years was filled in 31 days. This combined with the target population projected growth (See population Demographic Chart) provides strong evidence for current and future demand for this service.

June 21, 2017**10:01 am****5. Section B, Economic Feasibility, Item C. (Historical Data Chart)**

The Historical Data Chart is noted. However, please bring forward the Net Income Amounts of \$88,028 for 2014, \$20,842 for 2015, and \$103,824 for 2016 on the bottom of page 31 to the top of page 32. The remainder of the Historical Data Chart on page 32 will need to be revised using the Net Income Amounts brought forward from page 31. Please submit a revised Historical Data Chart.

Response: See page R31-R33

June 21, 2017

10:01 am

☒ Total Facility☐ Project Only

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	Year 2014	Year 2015	Year 2016
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>2,190 days</u>	<u>2,190 days</u>	<u>2,190 days</u>
B. Revenue from Services to Patients			
1. Inpatient Services	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Outpatient Services	<u> </u>	<u> </u>	<u> </u>
3. Emergency Services	<u> </u>	<u> </u>	<u> </u>
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,180,942</u>	<u>1,238,929</u>	<u>1,391,272</u>
Gross Operating Revenue	\$ <u>1,180,942</u>	\$ <u>1,238,929</u>	\$ <u>1,391,272</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Provision for Charity Care	<u> </u>	<u> </u>	<u> </u>
3. Provisions for Bad Debt	<u> </u>	<u> </u>	<u> </u>
Total Deductions	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,180,942</u>	\$ <u>1,238,929</u>	\$ <u>1,391,272</u>
D. Operating Expenses			
1. Salaries and Wages & Benefits			
a. Direct Patient Care	<u>653,840</u>	<u>765,871</u>	<u>817,691</u>
b. Non-Patient Care	<u>178,015</u>	<u>198,522</u>	<u>200,413</u>
2. Physician's Salaries and Wages	<u> </u>	<u> </u>	<u> </u>
3. Supplies	<u>33,057</u>	<u>30,834</u>	<u>47,087</u>
4. Rent	<u> </u>	<u> </u>	<u> </u>
a. Paid to Affiliates	<u> </u>	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>	<u> </u>
5. Management Fees:			
a. Paid to Affiliates	<u> </u>	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>	<u> </u>
6. Other Operating Expenses	<u>201,249</u>	<u>195,889</u>	<u>195,606</u>
Total Operating Expenses	\$ <u>1,066,161</u>	\$ <u>1,191,116</u>	\$ <u>1,260,797</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>114,781</u>	\$ <u>47,813</u>	\$ <u>130,475</u>
F. Non-Operating Expenses			
1. Taxes	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
2. Depreciation	<u>26,003</u>	<u>26,972</u>	<u>26,651</u>
3. Interest	<u> </u>	<u> </u>	<u> </u>
4. Other Non-Operating Expenses	<u>750</u>	<u>0</u>	<u>0</u>
Total Non-Operating Expenses	\$ <u>26,753</u>	\$ <u>26,972</u>	\$ <u>26,651</u>
NET INCOME (LOSS)	\$ <u>88,028</u>	\$ <u>20,842</u>	\$ <u>103,824</u>

Chart Continues Onto Next Page

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June 21, 2017

10:01 am

NET INCOME (LOSS)	\$ 88,028	\$ 20,842	\$ 103,824
G. Other Deductions			
1. Annual Principal Debt Repayment	\$ _____	\$ _____	\$ _____
2. Annual Capital Expenditure	\$ _____	\$ _____	\$ _____
Total Other Deductions	\$ 0	\$ 0	\$ 0
NET BALANCE	\$ 88,028	\$ 20,842	\$ 103,824
DEPRECIATION	\$ 26,003	\$ 26,972	\$ 26,651
FREE CASH FLOW (Net Balance + Depreciation)	\$ 114,031	\$ 47,814	\$ 130,475

- ☒ Total Facility
☐ Project Only

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES

	Year 2014	Year 2015	Year 2016
1. <u>Professional Services Contract</u>	\$ _____	\$ _____	\$ _____
2. <u>Contract Labor</u>	_____	_____	_____
3. <u>Imaging Interpretation Fees</u>	_____	_____	_____
4. _____	_____	_____	_____
5. <u>See following page</u>	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
Total Other Expenses	\$ _____	\$ _____	\$ _____

June 21, 2017

10:01 am

HISTORICAL DATA CHART - OTHER EXPENSES

	FY2014	FY2015	FY2016
Bed Tax	\$ 63,147	\$ 66,321	\$ 74,052
Maint	\$ 6,856	\$ 7,789	\$ 7,140
Comm	\$ 7,161	\$ 6,831	\$ 8,536
WC	\$ 19,286	\$ 19,873	\$ 19,687
Utilities	\$ 10,795	\$ 11,048	\$ 10,276
Food	\$ 24,698	\$ 22,958	\$ 20,365
Insurance	\$ 15,230	\$ 15,007	\$ 15,189
Prof Exp	\$ 22,640	\$ 20,667	\$ 20,461
Trans Exp	\$ 24,827	\$ 19,746	\$ 14,975
Travel	\$ 453	\$ 834	\$ 1,166
Misc	\$ 6,156	\$ 4,815	\$ 3,759
TOTALS	\$ 201,249	\$ 195,889	\$ 195,606

*Misc - Memberships, Advertising, Rental Expense

June 21, 2017

10:01 am

6. Section B, Economic Feasibility, Item D. (Projected Data Chart)

Please bring forward the Net Income Amounts of \$35,793 for 2018 and \$32,242 for 2019 on the bottom of page 35 to the Net Income Line on the top of page 36 and submit a replacement page 36 (R-36).

Response: See page R35-R37

R- 35

June 21, 2017

10:01 am

☐ Total Facility
☒ Project Only

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	<u>Year 2018</u>	<u>Year 2019</u>
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>2,190 days</u>	<u>2,190 days</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u> </u>	\$ <u> </u>
2. Outpatient Services	<u> </u>	<u> </u>
3. Emergency Services	<u> </u>	<u> </u>
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,393,497</u>	<u>1,463,183</u>
Gross Operating Revenue	\$ <u>1,393,497</u>	\$ <u>1,463,183</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u> </u>	\$ <u> </u>
2. Provision for Charity Care	<u> </u>	<u> </u>
3. Provisions for Bad Debt	<u> </u>	<u> </u>
Total Deductions	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,393,497</u>	\$ <u>1,463,183</u>
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	<u>854,191</u>	<u>893,716</u>
b. Non-Patient Care	<u>228,673</u>	<u>243,291</u>
2. Physician's Salaries and Wages	<u> </u>	<u> </u>
3. Supplies	<u>48,848</u>	<u>53,244</u>
4. Rent	<u> </u>	<u> </u>
a. Paid to Affiliates	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>
5. Management Fees:		
a. Paid to Affiliates	<u> </u>	<u> </u>
b. Paid to Non-Affiliates	<u> </u>	<u> </u>
6. Other Operating Expenses	<u>204,306</u>	<u>218,352</u>
Total Operating Expenses	\$ <u>1,336,018</u>	\$ <u>1,408,603</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>57,479</u>	\$ <u>54,580</u>
F. Non-Operating Expenses		
1. Taxes	\$ <u> </u>	\$ <u> </u>
2. Depreciation	<u>21,686</u>	<u>22,338</u>
3. Interest	<u> </u>	<u> </u>
4. Other Non-Operating Expenses	<u> </u>	<u> </u>
Total Non-Operating Expenses	\$ <u>21,686</u>	\$ <u>22,338</u>
NET INCOME (LOSS)	\$ <u>35,793</u>	\$ <u>32,242</u>

Chart Continues Onto Next Page

R-34

June 21, 2017

10:01 am

NET INCOME (LOSS)	\$ 35,793	\$ 32,242
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	\$	\$
2. Annual Capital Expenditure		
Total Other Deductions	\$ 0	\$ 0
NET BALANCE	\$ 35,793	\$ 32,242
DEPRECIATION	\$ 21,686	\$ 22,338
FREE CASH FLOW (Net Balance + Depreciation)	\$ 54,479	\$ 54,580

- ☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year 2018	Year 2019
1. Professional Services Contract	\$	\$
2. Contract Labor		
3. Imaging Interpretation Fees		
4.		
5. See following page		
6.		
7.		
Total Other Expenses	\$	\$

R-37

June 21, 2017

10:01 am

PROJECTED DATA CHART - OTHER EXPENSES

	FY2018	FY2019
Bed Tax	\$ 76,642	\$ 80,475
Maint	\$ 6,087	\$ 6,574
Comm	\$ 7,280	\$ 7,863
WC	\$ 25,964	\$ 28,041
Utilities	\$ 11,391	\$ 12,302
Food	\$ 24,401	\$ 26,353
Insurance	\$ 17,921	\$ 19,355
Prof Exp	\$ 15,225	\$ 16,443
Trans Exp	\$ 12,834	\$ 13,861
Travel	\$ 1,444	\$ 1,559
Misc	\$ 5,118	\$ 5,527
TOTALS	\$ 204,306	\$ 218,352

*Misc - Memberships, Advertising, Rental Expense

June 21, 2017**10:01 am**

7. Section B, Economic Feasibility, Item E (1) Average Gross Charge, Average Deduction from Operating Revenue, and Average Net Charge

The chart on page 34 is noted. However, it appears the chart is incorrect except for the Gross charge of \$636.30 in Year One and \$668.12 in Year Two and the Deduction from Revenue row. Please calculate the previous year gross charge using the latest year in the Historical Data Chart. The Average Net Charge and Gross Charge should be the same if there are no deductions from revenue. Please revise and submit a revised page 34 (R-34).

Response: See page R 34 for chart.

The applicant notes a current year gross charge of \$666.17 in the table on page 34 and a current charge of \$700.82 on the top of page 99. Please clarify the difference

Response: Life Bridges has had two different rates for the fiscal year. The amount \$630.18 on page 34 represents total ICF/IID Wright house revenue from July 2016 to May 2017. Our current rate is \$700.82 on page 99, this rate went into effect in October 2016. The rate for July, August and September 2016 was \$651.21. See following page for current Year-to-Date financials used to calculate current year above.

R-34

**June 21, 2017
10:01 am**

E. 1) Please identify the project’s average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (Gross Operating Revenue/Utilization Data)	635.28	630.18	636.30	668.12	6%
Deduction from Revenue (Total Deductions/Utilization Data)	0	0	0	0	0
Average Net Charge (Net Operating Revenue/Utilization Data)	47.41	88.00	16.34	14.72	83%

*Percentage of SSI funds dedicated for care expense = ZERO

SSI is NOT used for rent or personal care services; no individual receives food stamps.

June 21, 2017

10:01 am

Life Bridges Inc.

Income Statement by Month

Period: 11 Year: 2017

032 Wright House	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Ytd Tot
Income													
ICF Cate & Wright	110,706	112,008	117,422	121,125	135,375	130,353	130,359	117,193	130,146	126,148	130,353	0	1,361,185
Total Income	110,706	112,008	117,422	121,125	135,375	130,353	130,359	117,193	130,146	126,148	130,353	0	1,361,185
Expense													
Salaries / Wages	(56,885)	(54,122)	(90,269)	(62,439)	(64,120)	(59,965)	(62,326)	(59,991)	(68,181)	(62,249)	(59,864)	0	(700,210)
Fringe Benefits	(14,191)	(13,097)	(17,769)	(12,433)	(18,627)	(16,877)	(17,159)	(15,413)	(14,796)	(18,820)	(17,593)	0	(176,775)
Professional Services	(1,292)	(1,764)	(2,213)	(527)	(845)	(942)	(1,221)	(710)	(872)	(358)	(960)	0	(11,705)
Travel	(67)	(95)	(147)	(57)	(62)	(32)	(54)	(80)	(290)	(136)	(281)	0	(1,300)
Communications	(495)	(623)	(662)	(327)	(425)	(435)	(506)	(534)	(573)	(557)	(696)	0	(5,834)
Utilities	(1,011)	(935)	(967)	(799)	(769)	(705)	(736)	(736)	(657)	(725)	(766)	0	(8,805)
Memberships	0	0	(691)	0	0	0	(3)	0	0	3	0	0	(691)
Maintenance and Repair	(531)	(386)	(350)	(329)	(286)	(334)	(439)	(724)	(429)	(489)	(654)	0	(4,950)
Supplies	(2,979)	(2,615)	(1,917)	(1,916)	(2,152)	(2,909)	(2,085)	(1,564)	(5,625)	(4,897)	(9,928)	0	(38,586)
Food	(1,593)	(1,550)	(1,849)	(1,566)	(2,021)	(2,047)	(1,662)	(1,653)	(1,726)	(1,554)	(2,299)	0	(19,520)
Insurance	(857)	(3)	(1,124)	(1,348)	(1,352)	(1,367)	(2,223)	(1,360)	(1,418)	(1,417)	(1,425)	0	(13,893)
Transportation Expense	(674)	(847)	(1,630)	(1,204)	(681)	(870)	(969)	(734)	(728)	(722)	(1,058)	0	(10,116)
Workers Comp	(1,751)	(2,250)	(2,250)	(1,616)	(750)	(1,125)	(1,875)	(1,875)	(1,875)	(2,956)	(1,875)	0	(20,199)
Advertising	(31)	(20)	(166)	(96)	(60)	(59)	(65)	(109)	(82)	(65)	(65)	0	(819)
Non Operating Expense /	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	(1,772)	0	(19,489)
ICF / MR Tax	(6,293)	(5,946)	(6,029)	(6,315)	(7,038)	(6,806)	(7,038)	(7,037)	(6,344)	(7,037)	(6,806)	0	(72,689)
Rental Expense	(250)	(238)	(231)	(214)	(137)	(348)	(104)	(241)	(233)	(351)	(229)	0	(2,577)
Training	(75)	(214)	(371)	(158)	(342)	(632)	(117)	(187)	(416)	(549)	(309)	0	(3,370)
Stipens	(4,724)	(4,550)	(7,178)	(4,980)	(5,049)	(4,954)	(4,501)	(4,902)	(5,916)	(6,304)	(6,526)	0	(59,585)
Total Expense	(95,470)	(91,026)	(137,584)	(98,096)	(106,488)	(102,179)	(104,855)	(99,620)	(111,932)	(110,956)	(112,907)	0	(1,171,113)
Departmental Net Profit / Loss	15,236	20,982	(20,162)	23,029	28,887	28,174	25,504	17,573	18,214	15,191	17,446	0	190,072

June 21, 2017**10:01 am****8. Section B, Economic Feasibility, Item E (2) Proposed Charges**

The attachment on page 99 of the current and proposed charge schedule is noted. However, it appears the proposed 6-person home is labeled incorrectly as the “Wright Home” rather than the “Summers Home”. If so, please provide a replacement page 99 (R-99).

Response: The proposed home is correctly labeled as Wright House. This project is a relocation and the name of the home at 4755 Frontage Road will become Wright House. “Summers House” will be closed in June 2017. The projected figures are for the six ICF/IID beds. The location of the six beds will not affect the bed rate.

Please clarify what clinical services are included in the per diem charges.

Response: Clinical services used for ICF/IID were included in the in the ICF/IID cost report and have been added to the staffing table.

June 21, 2017**10:01 am****9. Section B, Economic Feasibility, Item F**

The capitalization ratio of 5.6% is noted. Please provide the calculations the applicant used to calculate the ratio.

Response: The numbers were extrapolated from the third page of the audited Financials that were provided. The equation was inverted in the application giving the 5.6% number. The corrected capitalization ratio is 18%.

$$\text{LTL} = \frac{1,894,854}{1,894,854 + 8,728,102 \text{ (net assets)}} = 18\%$$

June 21, 2017

10:01 am

10. Section B, Economic Feasibility, Item H

The staffing table on page 41 is noted. However, the line for Total Employees (A + B) of 33 appears incorrect. Please revise and submit a corrected page 41 (41R).

It is noted the applicant will employ nurses and direct support workers in direct patient care positions. However, please clarify how the services of a Qualified MR Professional, Dietician, Behavior Analyst, Physical, Occupational Therapist, and Speech Therapist will be provided to residents.

Response:

Position Classification	Existing FTEs (2017)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
Nurses	5	6	\$17.00 – 19.00	27.69
Direct Support Workers	21	21	\$10.50 – 11.50	\$8.13 – 12.85
Qualified ID Professional	.25	.25	\$16.83	\$15.70
Nutrition Therapist	.10	.10	\$38.85	\$26.11
Behavior Analyst	.15	.15	\$32.61	\$31.43
Physical Therapist	.15	.15	\$43.60	\$41.07
Occupational Therapist	.10	.10	\$50.40	\$39.82
Speech Therapist	.10	.10	\$39.34	\$34.04
Total Direct Patient Care Positions	26.85	27.85		
b) Non-Patient Care Positions				
Supervisors	6	6	\$14.5-16.83	Avg. \$14.01
Director	1	1	\$27.40	Avg. \$49,389
Total Non-Patient Care Positions	7	7		
Total Employees (A+B)	33.85	34.85		
c) Contractual Staff	0	0	0	0
Total Staff (a+b+c)	33.85	34.85		

June 21, 2017**10:01 am****Employment Wage Statistics**

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Speech-Language Pathologists in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$47,180	\$70,810	\$85,430
Hourly wage	\$22.68	\$34.04	\$41.07

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Dietitians and Nutritionists in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$37,420	\$54,310	\$64,100
Hourly wage	\$17.99	\$26.11	\$30.82

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Physical Therapists in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$66,360	\$85,420	\$98,120
Hourly wage	\$31.90	\$41.07	\$47.17

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Occupational Therapists in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$59,730	\$82,830	\$94,130
Hourly wage	\$28.72	\$39.82	\$45.25

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

June 21, 2017**10:01 am****Employment Wage Statistics**

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Clinical, Counseling, and School Psychologists (No data available for Counseling Psychologists) in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$46,530	\$65,380	\$88,160
Hourly wage	\$22.37	\$31.43	\$42.38

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Mental Health Social Workers in 2016.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$26,600	\$32,650	\$40,010
Hourly wage	\$12.79	\$15.70	\$19.24

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, LMI

Downloaded 6/7/2017 1:34PM

June 21, 2017

10:01 am

11. Section B (Orderly Development), Item D

It is noted Summers House and Wright House is currently licensed by the Department of Intellectual and Developmental Disabilities as an ID & DD Residential Habilitation Facility. However, please clarify the reason other agencies are listed as the licensing agency.

Response: See R 46.

The Department of Health and Human Services Centers for Medicare and Medicaid Services survey dated 9/28/2016 is noted. Please provide documentation the applicant's plan of correction was accepted as a result of the 9/28/2016 survey.

Response: The Certification and Transmittal (p. 171 in application) and resubmitted here demonstrates that the plan of correction was accepted. Item 11 on the form provides the certification period and Item 10A1 states "Acceptable POC."

Please clarify if the Department of Health and Human Services Centers for Medicare and Medicaid Services survey also double as the survey of the Department of Intellectual and Developmental Disabilities. If not, please provide the most recent survey from the Tennessee Department of Intellectual and Developmental Disabilities.

Response: CMS contracts with the Quality Management department at DIDDs to provide survey services. However, ICF/IID is completely separate from DIDDs, therefore, there is no survey by DIDDs.

Please clarify if the applicant will be Medicare and/or Medicaid certified.

Response: ICF/IID services are part of the Federal Medicaid Waiver. The funding comes from CMS and is distributed through TennCare. The Certification and Transmittal (p. 171 in the application packet and included here is evidence that the house is currently certified). This certification is projected to continue.

If applicable, please revise page 46 with the above revisions and submit a replacement page (R-46).

R-46

June 21, 2017

10:01 am

D. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Life Bridges is knowledgeable regarding all applicable licensure requirements. The agency is in compliance with these requirements as noted through current licenses and surveys. Both the requirements and levels of compliance are reviewed routinely through the agency's quality assurance functions.

Licensure: Department of Intellectual and Developmental Disabilities

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

Wright House (2611 Bower Lane, Cleveland, TN 37311) Institutional Habilitation

Accreditation (i.e., Joint Commission, CARF, etc.): Council of Accreditation Rehabilitation Facilities (CARF)

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D, Licensed Facilities, p. 145-158

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D1, CARF Accreditation, p. 159-161

2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.

See Attachments: Section B: Contribution to the Orderly Development of Healthcare D2, Survey, p. 162-174

June 21, 2017

10:01 am

ID: RWW9

Facility ID: TNP5388

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

1. MEDICARE/MEDICAID PROVIDER NO.
(L1) 44G091

2. STATE VENDOR OR MEDICAID NO.
(L2)

3. NAME AND ADDRESS OF FACILITY
(L3) LIFE BRIDGES WRIGHT HOUSE
(L4) 2611 BOWER LANE S E
(L5) CLEVELAND, TN
(L6) 37323

4. TYPE OF ACTION: 2 (L8)
1. Initial 2. Recertification
3. Termination 4. CHOW
5. Validation 6. Complaint
7. On-Site Visit 9. Other
8. Full Survey After Complaint

5. EFFECTIVE DATE CHANGE OF OWNERSHIP
(L9)

6. DATE OF SURVEY 09/28/2016 (L34)
(L10)

7. PROVIDER/SUPPLIER CATEGORY 11 (L7)
01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA
02 SNF/NP/Dual 06 PRTF 10 NF 14 CORP
03 SNF/NP/Distinct 07 X-Ray 11 ICF/AID 15 ASC
04 SNF 08 OPT/SP 12 RHC 16 HOSPICE

8. ACCREDITATION STATUS:
0 Unaccredited 1 TJC
2 AOA 3 Other

9. FISCAL YEAR ENDING DATE: (L35)
06/30

10. THE FACILITY IS CERTIFIED AS:
X
A. In Compliance With
Program Requirements
Compliance Based On:
1. Acceptable POC

11. LTC PERIOD OF CERTIFICATION
From (a) 09/01/2016
To (b) 11/30/2017

12. Total Facility Beds 6 (L18)

13. Total Certified Beds 6 (L17)

14. LTC CERTIFIED BED BREAKDOWN
18 SNF 18/19 SNF 19 SNF ICF IID
(L37) (L38) (L39) (L42) (L43)

15. FACILITY MEETS
1861 (c) (1) or 1861 (j) (1): (L15)

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE
Christine Kurl
Date: 10/27/2016

18. STATE SURVEY AGENCY APPROVAL
Belen Ha
Date: 10/27/2016

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
X 1. Facility is Eligible to Participate
2. Facility is not Eligible (L21)

20. COMPLIANCE WITH CIVIL RIGHTS ACT:

21. 1. Statement of Financial Solvency (HCFA-2572)
2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)
3. Both of the Above:

22. ORIGINAL DATE OF PARTICIPATION
10/10/1995 (L24)

23. LTC AGREEMENT BEGINNING DATE
09/01/2016 (L41)

24. LTC AGREEMENT ENDING DATE
11/30/2017 (L25)

25. LTC EXTENSION DATE: (L27)

26. TERMINATION ACTION: (L30)
VOLUNTARY 00
01-Merger, Closure
02-Dissatisfaction W/ Reimbursement
03-Risk of Involuntary Termination
04-Other Reason for Withdrawal
INVOLUNTARY
05-Fail to Meet Health/Safety
06-Fail to Meet Agreement
OTHER
07-Provider Status Change
00-Active

27. ALTERNATIVE SANCTIONS
A. Suspension of Admissions:
(L44)
B. Rescind Suspension Date:
(L45)

28. TERMINATION DATE: (L28)

29. INTERMEDIARY/CARRIER NO. (L31)

30. REMARKS

31. RO RECEIPT OF CMS-1539 (L32)

32. DETERMINATION OF APPROVAL DATE
11/01/2016 (L33)

33. DETERMINATION APPROVAL

June 21, 2017

10:01 am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Bradley

NAME OF FACILITY: Life Bridges, Inc.

I, Diana Jackson, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Diana Jackson CEO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 19 day of June, 2017,
witness my hand at office in the County of Bradley, State of Tennessee.

Cristi Lynn Waters
NOTARY PUBLIC

My commission expires Feb. 10, 2021.

HF-0043

Revised 7/02



Supplemental #2

Life Bridges, Inc.

CN1706-019

Life Bridges, Inc.

SUPPLEMENTAL #2

June 27, 2017

9:19 am

*P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492*

**Nationally Accredited With Commendation
Commission on Accreditation of Rehabilitation Facilities**

Diana Jackson
Executive Director
C. Dewayne Knight,
MD
Senior Medical
Director
Troy D. Gilson, MD
Psychiatric Consultant

June 26, 2017

Phillip M. Earhart
Health Services Development Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243

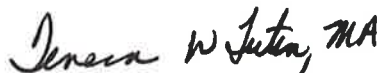
RE: Certificate of Need Application CN 1706-019
Life Bridges, Inc.

Dear Mr. Earhart,

Please find enclosed the supplemental information you requested.

Thanks so much for all of your assistance in this matter.

Respectfully,



Teresa W. Tuten, MA
ICF/IID Director
Life Bridges, Inc.
(423)421-1608
(423)478-7772 FAX
teresatuten@lifebridgesonline.com

RR 36

NET INCOME (LOSS)		\$ 35,793	June 27, 2017 9:19 am	\$ 32,242
G. Other Deductions				
1. Estimated Annual Principal Debt Repayment		\$		\$
2. Annual Capital Expenditure				
Total Other Deductions		\$ 0		\$ 0
NET BALANCE		\$ 35,793		\$ 32,242
DEPRECIATION		\$ 21,686		\$ 22,338
FREE CASH FLOW (Net Balance + Depreciation)		\$ 57,479		\$ 54,580

- ☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES		Year 2018	Year 2019
1.	Professional Services Contract	\$	\$
2.	Contract Labor		
3.	Imaging Interpretation Fees		
4.			
5.	See following page		
6.			
7.			
Total Other Expenses		\$	\$

R-R 34

SUPPLEMENTAL #2

3

June 27, 2017**9:19 am**

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (Gross Operating Revenue/Utilization Data)	635.28	630.18	636.30	668.12	6%
Deduction from Revenue (Total Deductions/Utilization Data)	0	0	0	0	0
Average Net Charge (Net Operating Revenue/Utilization Data)	635.28	630.18	636.30	668.12	6%

*Percentage of SSI funds dedicated for care expense = ZERO

SSI is NOT used for rent or personal care services; no individual receives food stamps.

Life Bridges has had two different rates for the fiscal year. The amount \$630.18 on page 34 represents total ICF/IID Wright house revenue from July 2016 to May 2017. Our current rate is \$700.82 on page 99, this rate went into effect in October 2016. The rate for July, August and September 2016 was \$651.21. See following page for current Year-to-Date financials used to calculate current year above.

June 27, 2017

9:19 am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF BradleyNAME OF FACILITY: Life Bridges Inc.

I, Diana Jackson, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Diana Jackson, CEO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 26 day of June, 2017, witness my hand at office in the County of Bradley, State of Tennessee.

Cristi Lynn Waters
NOTARY PUBLIC

My commission expires 2-10, 21.

HF-0043

Revised 7/02

